P09000001501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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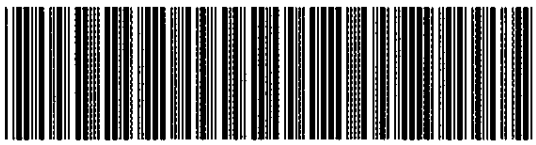

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APPROVED
AND
FILED

09 JAN -5 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Twin and Triplet Gifts Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☒ $78.75 Filing Fee & Certified Copy

☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Nicole & James Stefurak
Name (Printed or typed)

6726 Fairway Cove DR
Address

Orlando, FL 32835
City, State & Zip

407-445-0596
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
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09 JAN -5 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Twin and Triplet Gifts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

6726 Fairway Cove Drive Orlando FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internet Retail Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James Stefurak, 6726 Fairway Cove DR, Orlando, FL 32835, Chairman

Nicole Stefurak, 6726 Fairway Cove DR, Orlando, FL 32835, president

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

James Stefurak
6726 Fairway Cove Dr.
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

James Stefurak
6726 Fairway Cove Dr.
Orlando, FL 32835

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent — Date: 1/1/09

Signature/Incorporator — Date: 1/1/09