

PD9000021557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

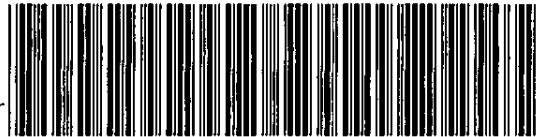
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/09--01018--008 **87.50

FILED
09 MAR -6 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/10

209-3858

COVER LETTER

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

SUBJECT: TWISTEDMIND 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jason Seifer

Name (Printed or typed)

20423 State Road 7 #453

Address

Boca Raton, FL 33498

City, State & Zip

407-970-0573

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2009

JASON SEIFER
20423 STATE ROAD 7
#453
BOCA RATON, FL 33498

SUBJECT: JS DEVELOPMENT INC
Ref. Number: W09000003858

We have received your document for JS DEVELOPMENT INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 109A00002757

RECEIVED
DEPARTMENT OF STATE
09 MAR - 6 AM 10:30

ARTICLES OF INCORPORATION

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

FILED

09 MAR -6 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TWISTEDMIND INC

ARTICLE II PRINCIPAL OFFICE

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

20423 State Road 7 #453
Boca Raton FL, 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Web and mobile application development

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jason Seifer - President
20423 State Road 7 #453
Boca Raton FL, 33498

ARTICLE VI REGISTERED AGENT

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

Jason Seifer
20423 State Road 7 #453
Boca Raton FL, 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason Seifer
20423 State Road 7 #453
Boca Raton FL, 33498

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



Signature/Incorporator

2/20/2009

Date

2/20/2009

Date