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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SECRE	TARY OF STATE
DIVISION	OF CORPORATION

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TWA CONSULTING, INC.			
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	 	, <u>, , , , , , , , , , , , , , , , , , </u>	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			✓ Cert. Copy
			Photo Copy
			Certificate of Good Standing
			✓ Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		Fictitious Owner Search	
			Vehicle Search
			Driving Record
Requested by: BA	7/21/11	AM	UCC 1 or 3 File
Name		Time	UCC 11 Search
1700110			UCC 11 Retrieval
Walk-In	_ Will Pick Up		Courier

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00
Filing Fee & Certificate of Status **Filing Fee & Certified Copy Certified Copy & Certificate of Status **ADDITIONAL COPY REQUIRED** FROM: **THOMAS W. AMATUCCT** Name (Printed or typed)
FROM: THOMAS W. AMATUCCI Name (Printed or typed)
Name (Printed or typed)
201-000-110-1-
3215 OSPREY LANE
PFRS CHARLOTTE, FL 33953 City, State & Zip
2.39.32 C. 7/4/40
Daytime Telephone number + Wafish1 Demost. net E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

SECRETARY

7.19.2011

Date

The name of the corporation shall be: \(\textit{TWE MATTICLE II PRINCIPAL OFFICE Principal street address } 32/5 \(0.5 \textit{PRE CY LANG PROPE Principal street address } 33/5 \(0.5 PRE CY LANG PROPE PROP	OF STAIL PROPATION
ARTICLE II PRINCIPAL OFFICE Principal street address 32/505PRY LANG PORT ATTICLE IV SHARES The purpose for which the corporation is organized is: PROFES MONAL CONSULTING ARTICLE IV SHARES The number of shares of stock is: /00 - 50 PRAIDENT, SD SETRETTRY ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: THOMAS WAT MATUCCE, Name and Title: Address: 32/505PRY 44NE PORT CHARLOTTE FL 339S3 Name and Title: BARGALA A AMA TUCCI, Name and Title: Address: 32/505PRY 4NE PORT CHARLOTTE FL 339S3 Name and Title: Address: Addre	
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ARTICLE II PURPOSE The purpose for which the corporation is organized is: PROFES HONAL CONSULTING ARTICLE IV SHARES The number of shares of stock is: /OO - 58 PREJIDENT, SD SECRETARY ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: THOMAS W.A. MATACCE, Name and Title: Address: 32/5 0SPREY LANE PORT CHARLOTTE PE 339S3 Name and Title: BARSHAA A. AMATUCCI, Name and Title: Address: 32/5 0SPREY LANE PORT CHARLOTTE FE 339S3 Name and Title: Name and Title: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (PO. Box NOT acceptable) of the registered agent is: Name: THOMAS W.A. MATUCCI Address: Address: Address: ARTICLE VII INCOPPORATOR The name and address of the incorporator is: Name: THOMAS W.A. AMATUCCI Address: Address: Address: PORT CHARLOTTE FE 339S3 ARTICLE VII INCOPPORATOR The name and address of the incorporator is: Name: THOMAS W.A. AMATUCCI Address: Address: Address: PORT CHARLOTTE FE 339S3 ARTICLE VII INCOPPORATOR The name and address of the incorporator is: Name: Address:	
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ARTICLE V SHARES The number of shares of stock is: \(IOO \) - 58 PRESIDENT, \(SD \) SECRETARY ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: \(\frac{IHOMAS WARTUCCI}{RESIDENT} \) Address: \(\frac{32/5 OSPREV WAVE}{PORT CHARLOTTE \), FR. \(\frac{33}{23} \) SS Name and Title: \(\frac{BARSANA A. AMA TUCCI}{Address:} \) Address: \(\frac{32/5 OSPREV WAVE}{PORT CHARLOTTE \), FT. \(\frac{33}{23} \) SS Name and Title: \(\frac{AARLOTTE \}{AAddress:} \) Address: \(\frac{AAddress:}{Address:} \) Amme and Title: \(\frac{AARLOTTE \}{AAddress:} \) Address: \(\frac{AARTICLE VI REGISTERED AGENT}{AAddress:} \) Name and Title: \(\frac{AARTICLE VI REGISTERED AGENT}{AAddress:} \) AMM ATLIC CI \(\frac{AAddress:}{AAddress:} \) Address: \(\frac{AARTICLE VII INCORPORATOR}{AAddress:} \) The \(\frac{AARTICLE VII INCORPORATOR}{AAddress:} \) Amm TIU CCI \(\frac{AAddress:}{AAddress:} \) Amme: \(\frac{1HOMAS W. AMATICCI}{AAddress:} \) Amme: \(\frac{1HOMAS W. AMATICCI}{AAddress:} \) Amme: \(\frac{1HOMAS W. AMATICCI}{AAddress:} \) And Composition at the place of this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
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	esignated in
/ //) 4 // //	
	<i>W 11</i>
Remed Signature/Registered Agent Date	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information su	bmitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	

Required Signature/Incorporator