

P110000065742

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

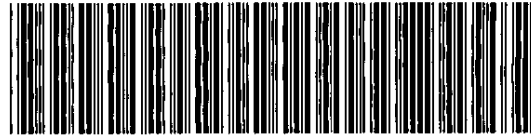
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2011 JUL 21 AM 8:15
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158 11/22/11

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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DIVISION OF CORPORATIONS

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TWA CONSULTING, INC.

- ☒ 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 _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

Signature _____

Requested by: BA

7/21/11 AM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: TWA CONSULTING, 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: THOMAS W. AMATUCCI
Name (Printed or typed)
3215 OSPREY LANE
Address
PORT CHARLOTTE, FL 33953
City, State & Zip
239.325.7660
Daytime Telephone number
twafish1@a.comcast.net
E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: TWA CONSULTING, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

3215 OSPREY LANE
PORT CHARLOTTE, FLORIDA
33953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 100 - 50 PRESIDENT, 50 SECRETARY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS W. AMATUCCI,
Address: PRESIDENT

Name and Title: _____
Address: _____

3215 OSPREY LANE
PORT CHARLOTTE, FL 33953

Name and Title: BARBARA A. AMATUCCI,
Address: SECRETARY

Name and Title: _____
Address: _____

3215 OSPREY LANE
PORT CHARLOTTE, FL 33953

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: THOMAS W. AMATUCCI

Address: 3215 OSPREY LANE
PORT CHARLOTTE, FL 33953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS W. AMATUCCI

Address: 3215 OSPREY LANE
PORT CHARLOTTE, FL 33953

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 Signature/Registered Agent

7.19.2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

✓ [Signature]
Required Signature/Incorporator

7.19.2011

Date