

P1100097098

(Requestor's Name)

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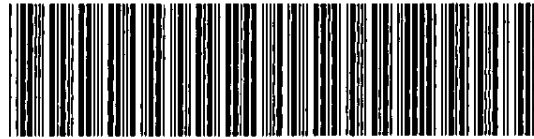
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: TwoSistersTwice(TST), 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: B. D. Pryor
Name (Printed or typed)
864 Edgehill Circle
Address
Tallahassee, FL 32303
City, State & Zip
850-590-4188
Daytime Telephone number
beegeorg@aol
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)

ARTICLE I NAME

The name of the corporation shall be: Two Sisters Twice, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

823 NW 104 Street
Miami, FL 33150

864 Edgehill Circle
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist the elderly and physically challenged with everyday life for a more dignified and informed existence.

ARTICLE IV SHARES

The number of shares of stock is: One(1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Celia Day/Alice Day-Pres.
Address: 823 NW 104 Street
Miami, FL 33150

Name and Title: Barbara Pryor - Sec/Tres
Address: 864 Edgehill Circle
Tallahassee, FL 32303

Name and Title: Joyce Reid - VP/Asst. Tres.
Address: 821 NW 104 Street
Miami, FL 33150

Name and Title: _____
Address: _____

Name and Title: Annist Brown - VP
Address: 823 NW 104 Street
Miami, FL 33150

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: B. D. Pryor
Address: 864 Edgehill Circle
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: B. D. Pryor
Address: 864 Edgehill Circle
Tallahassee, FL 32303

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

B. D. Pryor
Required Signature/Registered Agent

11/9/11
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.

B. D. Pryor
Required Signature/Incorporator

11/9/11
Date

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