

P 1100097098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

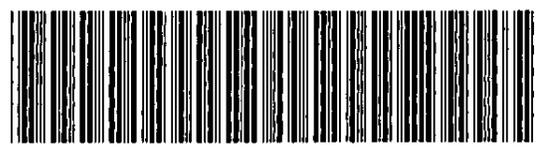
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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REGISTRATION & FILING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
11 NOV - 9 AM 11: 11

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV - 9 AM 11: 24

Ps 11/9/11

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

beege.org@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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV - 9 AM 11:24