

A12000024586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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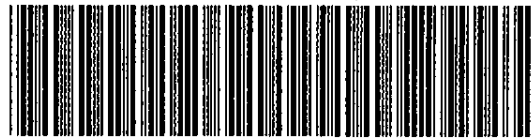
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12 MAR 12 PM 3:58
SECRETARY OF REVENUE
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COVER LETTER

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

SUBJECT: Twins Embroidery I I, 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: Carlos A. Valle
Name (Printed or typed)

9350 NW 39th Court
Address

Sunrise, FL 33351
City, State & Zip

954-628-2427
Daytime Telephone number

twinsproductions09@yahoo.com
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:

Twins Embroidery II, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9350 NW 39th Court

Sunrise, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under the general corporation laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos A. Valle, President

Address: 9350 NW 39th Court

Sunrise, FL 33351

Name and Title:

Address:

Name and Title: Sherrill A. Valle, Vice-President

Address: 9350 NW 39th Court

Sunrise, FL 33351

Name and Title:

Address:

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: Sherill A. Valle

Address: 9350 NW 39th Court

Sunrise, FL 33351

ARTICLE VII INCORPORATOR

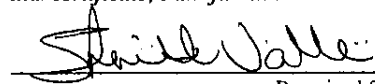
The name and address of the Incorporator is:

Name: Carlos A. Valle

Address: 9350 NW 39th Court

Sunrise, FL 33351

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

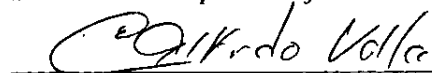


Required Signature/Registered Agent

3/7/12

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.



Required Signature/Incorporator

3/7/12

Date

12 MAR 12 PM 3:58

CLERK OF STATE
DIVISION OF CORPORATIONS