P13000093461

| (Re | equestor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL. |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400253554354

11/15/13--01010--030 **128.75

13 NOV 15 PH I2: 39
SECRETARY OF STATE

11/18/13

COVER LETTER

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

OF TWINFLAME, INC. POWESTICATION SUBJECT: Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: **FEES:** Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75 **OPTIONAL:** Certificate of Status BARTOSZ So LOWIEJ

Name (printed or typed) 5715 HWY 85 NORTH, SUITE 2261 CRESTUTEW, FL 32536 City. State & 7 in 658.368.2278

Daytime Telephone Number toszter @ gmail. com
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

| The und | ersigned. | BARTOS'Z | SOLOWIEJ | PRES | DDE N.L | - | , |
|------------|-------------------------------------|--|---|---|---|--|----------|
| | - 6 /- | | ame) | | (Title) | *-1-7- | |
| of | TWINF | LAME, INC | · | | a forei | gn corporat | ion, |
| | | (Corporation N | Name) da Statutes, does her | | | | |
| 1. The | date on wl | nich corporation wa | as first formed was _ | DECEMBER | 31 | , 2012 | <u> </u> |
| | | | named corporation v | | | d, or otherv | vise |
| | | | t CRUZ, C | | | | <u> </u> |
| | | • | ediately prior to the | | | | |
| | | | INC | | | | |
| | | | et forth in its articles | | _ | | |
| s. 60 | 7.0202 an | d 607.0401 with th | is certificate is | TWINFLAM | ne, I | NC. | _ |
| adm imm | inistration ediately be SANTA | of the corporation, efore the filing of the CRUZ, C | he seat, siege social, or any other equiva he Certificate of Dor AUFORNTA | lent jurisdiction un nestication was | nder applic | cable law, | · |
| to s. | 607.1801. PRESID | ENT, of | TWINFLAME | , Inc. | | | |
| | | _ | MBER | | | | |
| | | | (Author/zed Sign | | | | |
| | | Certificate of Do Articles of Incor Total to domesti | poration and Certi | fied Copy | \$ 50.00 <u>\$ 78.75</u> \$128.75 | 13 NOV 15 PN 12: 39 SECRETARY OF STATE FALLAHASSEE, FLORIC | |

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

| ARTICLE I NAME | |
|--|---------------------|
| THE NAME OF THE CORPORATION SHALL BE: | |
| TWINFLAME, INC. | |
| | |
| ARTICLE II PRINCIPAL OFFICE | |
| THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address | Mailing Address |
| 5715 HWY 85 NORTH | 5715 Hwy 85 North |
| SUITE 2261 | Sutte 2261 |
| CRESTVIEW, FL 32536 | CRESTVIEW, FL 32536 |
| | |
| ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE | ED: |
| To Desian, DEVELOP, | RESEARCH, AND |
| TREVELOP PRODUCTS AN | |
| THE BETTEMENT AND | BENEFIT OF |
| MANKIND, AND THE | OFFICERS, EMPLOYEES |
| • | THE CORPORATION |
| | |
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| | SHE NOV |
| | So the leaves |
| | |

| ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 11,000, | 000 | 13 NOV 15 PH 12: 39 SECHLARASSEE, FLORIDA |
|--|------------|---|
| ARTICLE V INITIAL DIRECTORS AND/ OF THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: | R OFFICERS | PHI2: 39 EFLORIDA |
| Title/Name PRESIDENT - BARTOSZ SOLOWJEJ 5715 HWY 85 NORTH SWITE 2261 | Title/Name | |
| CRESTUTEW, FL 32536 | | |
| Title/Name | Title/Name | |
| VICE PRESIDENT - STEPHANIE SOLOWER 5715 HWY 85 NORTH, SUITE 226 | | |
| CRESTUREW, FL 32536 | | |
| Title/Name | Title/Name | |
| | | |
| Title/Name | Title/Name | |

| ARTICLE VI INITIAL REGISTERED AGENT AND | D STREET ADDRESS |
|---|--|
| THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTA | ABLE) OF THE REGISTERED AGENT IS: |
| Kirk Simmons 5715 Hwy 85 North | |
| CRESTUREW, FL 32536 | IA 5 |
| ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: | 3 NOV 15 PH |
| BARTOSZ SOLOWIEJ | PHI2: 39 CHORID |
| 5715 HWY 85 NORTH SUITE 2261 | 78 A S S S S S S S S S S S S S S S S S S |
| CRESTUREN FL 32536 | |
| ************************************** | |
| ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE | TO ACT IN THIS CAPACITY. |
| Signature/Registered Agent | 11/12/2013 Date |
| Oignature/ Registered Agent | Date / |
| 1000 | 11/05/2013 |
| Signature/Incorporator (| Date / |