

PI 4000 32340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

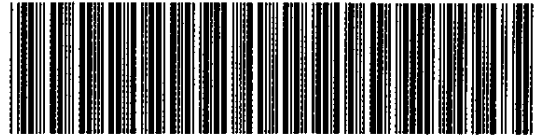
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/08/14--01006--017 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR -8 AM 9:50

[Handwritten signature]
4/11/14

COVER LETTER

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

SUBJECT: Trans-World Compliance, 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: David Olenzak

Name (Printed or typed)

4835 Gulf of Mexico Dr. #201

Address

Longboat Key, FL 34228

City, State & Zip

941-870-3893

Daytime Telephone number

dolenzak@earthlink.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Trans-World Compliance, Inc.

14 APR -8 AM 9:50

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4835 Gulf of Mexico Dr. #201
Longboat Key, FL 34228

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Develop and sell compliance software

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

David Olenzak

Name and Title:

Linda Brennan

Address

President

Address:

Vice President

1829 Greenplace Terrace

1829 Greenplace Terrace

Rockville, MD 20850

Rockville, MD 20850

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

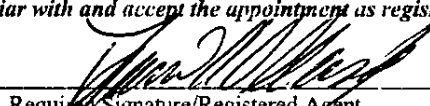
Name: David Olenzak
Address: 4835 Gulf of Mexico Dr #201
Longboat Key, FL 34228

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Olenzak
Address: 4835 Gulf of Mexico Dr #201
Longboat Key, FL 34228

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

4/4/2014

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

4/4/2014

Date