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# FLORIDA PROFIT/NON PROFIT CORPORATION Twin Cities Property Management Inc.

Certificate of Status	1
Certified Copy	0
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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adop((s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Twin Cities Property Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

927 E. Choctawhatchee Drive Niceville, FL 32578

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SECRETARY OF STATE

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Ormsbee 927 E. Choctawhatchee Drive Niceville, FL 32578

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-835-3940

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#### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

David Ormsbee - President/Director 927 E. Choctawhatchee Drive, Niceville, FL 32578

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

David Ormsbee 927 E. Choctawhatchee Drive, Niceville, FL 32578

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of April 20 14

David Ormsbee Signature

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Twin Cities Property Management Inc.			
2. The name and address of the registered agent and office is:		14	
David Ormsbee Name	ALSSE O	APR 21	FIL
927 E. Choctawhatchee Drive  (P.O. Box or Mail Drop Box NOT Acceptable)  Niceville, FL 32578		PH 12: 1	
(City / State / Zip)		9	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

David Ormsbee SIGNATURE 04/21/2014

(Date)