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FILED  
14 MAY - 1 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/14-23007

MD 5/2

## COVER LETTER

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

**SUBJECT:** AGM ENTERPRISES, 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:** Pablo A. Aguilar

Name (Printed or typed)

830 Bayridge Ln.

Address

Port Orange, FL 32127

City, State & Zip

386-235-9713

Daytime Telephone number

pablo.aguilarg@hotmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2014

PABLO A. AGUILAR  
830 BAYRIDGE LN.  
PORT ORANGE, FL 32127

SUBJECT: AGM ENTERPRISES, INC.  
Ref. Number: W14000023007

We have received your document for AGM ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Remove the title "Owner" as we do not index owners of corporate entities.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00007771

## COVER LETTER

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

**SUBJECT:** **TWISTED-CHICKEN CORPORATION, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** **PABLO A. AGUILAR**  
Name (Printed or typed)

**830 BAYRIDGE LN**  
Address

**PORT ORANGE, FL 32127**  
City, State & Zip

**(386)235-9713**  
Daytime Telephone number

**PABLO.AGUILARG@HOTMAIL.COM**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2014

PABLO A. AGUILAR  
830 BAYRIDGE LN.  
PORT ORANGE, FL 32127

SUBJECT: TWISTED-CHICKEN CORPORATION, INC.  
Ref. Number: W14000026693

We have received your document for TWISTED-CHICKEN CORPORATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00009005

Thursday, May 01, 2014

Pablo A. Aguilar

830 Bayridge Ln

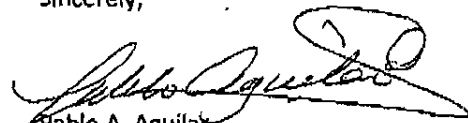
Port Orange, FL 32127

ATTE Mrs. Maryanne Dickey - Regulatory Specialist,

FILED  
14 MAY -1 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Pablo A. Aguilar, am filing a new corporation with the proposed name of TWISTED-CHICKEN CORPORATION, INC. I understand that there is a conflict name wise with a previously dissolved corporation with the name of THE TWISTED CHICKEN CORP. Being the CEO of the previously dissolved "THE TWISTED CHICKEN CORP", I hereby state that I do NOT plan on reinstating such corporation in the near future or ever AT ALL. That being said, the proposed name for my new corporation "TWISTED-CHICKEN CORPORATION, INC." will not, in any way, cause any sort of inconvenience for your office.

Sincerely,

  
Pablo A. Aguilar

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** TWISTED-CHICKEN CORPORATION, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
2102 S RIDGEWOOD AVE.  
UNIT # 21  
EDGEWATER, FL 32141

Mailing address, if different is:  
830 BAYRIDGE LN  
PORT ORANGE, FL 32127

**ARTICLE III PURPOSE** ANY AND ALL LAWFUL BUSINESS.  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 1  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pablo A Aguilar (CEO)  
Address: 830 Bayridge Ln  
Port Orange, FL 32127

Name and Title: Victoria Moran (VP)  
Address: 16111 Tana Tea Cir.  
Tega Cay, SC 29708

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
14 MAY -1 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: PABLO A. AGUILAR  
Address: 830 BAYRIDGE LN  
PORT ORANGE, FL 32127

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PABLO A. AGUILAR  
Address: 830 BAYRIDGE LN  
Port Orange, FL 32127

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TALLAHASSEE, FLORIDA

*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*

Pablo Aguilar [Signature] 04/23/14  
Required Signature/Registered Agent 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.*

Pablo Aguilar [Signature] 04/23/14  
Required Signature/Incorporator Date