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COVER LETTER

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

SUBJECT:	Twin Tree Press	i, Inc.			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED		
FROM:	Lisa Wair) land (Printed or typed)			
•	6574 N. State Rd 7 #120 Address				
Coco nut Creek, FL 33073 City, State & Zip					
954-227-0247 Daytime Telephone number					
L-mail address: (to be used for future annual report notification)					

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



October 31, 2016

LISA WAINLAND 6574 N. STATE RD 7 #120 COCNUT CREEK, FL 33073

SUBJECT: TWIN TREE PRESS, INC.

Ref. Number: W16000073622

We have received your document for TWIN TREE PRESS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 916A00023308

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

ARTICLE I NAME The name of the corporation	on shall be: TWIN Tree	tress, Ir	16.		
	RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
6574 N.	State Rd 7 #120				
	Creek, FL 33073				
ADTICI E III DIIDDAG	•	ell books.	<u>=</u>		
			15 6 C		
			2		
			\$7 F 7		
			\$5 G		
Name and Title:	OFFICERS AND/OR DIRECTORS LISCA Wainland Pres 6574 N. Stak Rd. 7 #120 Coconut Creek, FL:	Address:			
Name and Title:_	30, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5	Name and Title:			
Address _		Address:			
Name and Title:_		Name and Title:			
Address _		_ Address:			
-					

Name and	d Title:	Name and Title:	HART 1-12-12-12-12-12-12-12-12-12-12-12-12-12		
Address	**************************************	Address:			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
Name:	Lisa Wainland				
Address:	6574 N. Stak Rd. 7 #120 Coconut Creek, FL 3.				
	Coconut Creek, FL 3.	306 7	2016 00T 27		
ARTICLE VII	INCORPORATOR		PH 12: 0:		
The <u>name and ad</u>	ldress of the Incorporator is:		2: 0:		
Name:	Lisa Wainland 6574 N. State Rd 7 *12		Tell's Cr		
Address:					
	Coconut Creck, FL3:	3067			
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot ling.)	. (OPTIONAL) not be more than five business	s days prior or 90 business		
	inserted in this block does not meet the applicabl ffective date on the Department of State's records		this date will not be listed as		
	med as registered agent to accept service of proce am familiar with and accept the appointment as re Required Signature/Registered Agent				
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 copplitutes q third degree felony as provided for in s.817.155, F.S.					
Lis	a Wan Can		10/24/16		
Requi	red Signature/Incorporator		Date		