

Apr. 11. 2018 2:37PM

No. 5966 P. 1

P18000033075

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SamT.Twitty@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 11 AM 9:50

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
SAMUEL T TWITTY, PA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

APR 12 2018

T. SCOTT

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: SAMUEL T TWITTY, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
4123 HARBOR HILLS DR
LARGO, FL 33770

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ACT AS A LICENSED REAL ESTATE AGENT IN THE STATE OF FLORIDA AND TO CONDUCT ANY
OTHER LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL T TWITTY, PST & DIR

Name and Title: _____

Address 4123 HARBOR HILLS DR

Address: _____

LARGO, FL 33770

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2018 APR 11 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 C HASTINGS CPA
 Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS
 Address: 2207 54TH ST S
GULFPORT, FL 33707


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/11/2018
 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

04/11/2018
 Date

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