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(Requestor's Name)

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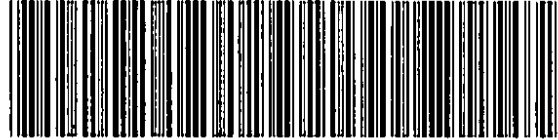
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900323211519

01/24/19--01009--002 **105.00

Special Instructions to Filing Officer:

Tracy **GAVE**

PHONE NO.

correct signature line

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DOC. EXAM. _____

Office Use Only

FILED
19 MAR 26 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 26 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: THE TWISTED CHOPSTICK, INC.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JEOFFREY CURTIS

Contact Person

THE TWISTED CHOPSTICK, LLC.

Firm/Company

442 EAST NEW YORK AVENUE #7

Address

DELAND, FL. 32720

City, State and Zip Code

THEWISTEDCHOPSTICK@G.MAIL.COM

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

For further information concerning this matter, please call:

JEOFFREY CURTIS

at (386-681-8794)

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2019

JEFFREY CURTIS
442 EAST NEW YORK AVENUE #7
DELAND, FL 32720

SUBJECT: THE TWISTED CHOPSTICK, LLC
Ref. Number: W19000009616

We have received your document for THE TWISTED CHOPSTICK, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 319A00002164

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
19 MAR 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
THE TWISTED CHOPSTICK, LLC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/16/2016
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
THE TWISTED CHOPSTICK, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/14/2019
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this 14TH day of JANUARY, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: JEFFREY CURTIS

Printed Name: JEFFREY CURTIS Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: *Jeffrey Curtis*

Printed Name: JEFFREY CURTIS Title: PRESIDENT

Signature: *Jeffrey Curtis*

Printed Name: JEFFREY CURTIS Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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: THE TWISTED CHOPSTICK, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address
442 EAST NEW YORK AVENUE # 7
DELAND, FL. 32720

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS.

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19 MAR 26 AM 9:12
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY CURTIS PRESIDENT
Address: 442 EAST NEW YORK AVENUE # 7
DELAND, FL. 32720

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JEFFREY CURTIS
Address: 442 EAST NEW YORK AVENUE # 7
DELAND, FL. 32720

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19 MAR 26 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

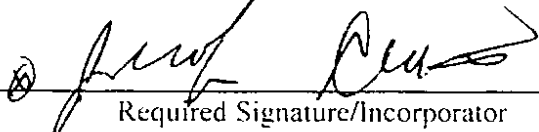
Name: JEFFREY CURTIS
Address: 442 EAST NEW YORK AVENUE # 7
DELAND, FL. 32720

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

01/14/2019
Date

submit this document and affirm that the facts stated herein are true. I am aware that any 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

01/14/2019
Date