

4/11/2019

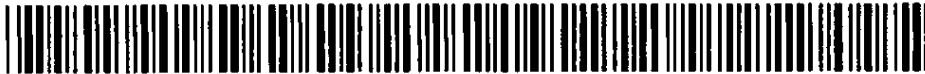
Division of Corporations

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001202483))



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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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

19 APR 12 AM 9:01

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**T and Twinspin Entertainment Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381 From: 12147128131 Date: 04/12/19 Time: 11:13 AM Page: 02/04  
To: 12143174754 From: Restricted Date: 04/12/19 Time: 7:56 AM Page: 01  
850-617-6381 4/12/2019 10:56:13 AM PAGE 1/001 Fax Server



April 12, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: T AND TWINSPIR ENTERTAINMENT INC.  
REF: W19000036662

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DIVISION OF CORPORATIONS  
19 APR 12 AM 9:04

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please complete Article(s) BOTH THE REGISTERED AGENT AND INCORPORATOR MUST SIGN THE ARTICLE..

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

Jalesa S Dennis  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H19000120248  
Letter Number: 419A00007395

**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: T and Twinspin Entertainment Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2269 Northwest 49th Street

Miami, FL 33142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

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19 APR 12 AM 9:04

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Ronald Mans, Director

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

Address: 2269 Northwest 49th Street

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

Miami, FL 33142

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

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

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

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

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: Jonathan R Black  
Address: 811 Northwest 207th Street  
Miami, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nancy Luna  
Address: 10601 Clarence Dr., Ste. 250  
Frisco, TX 75033

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**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*

Jonathan R Black  
Required Signature/Registered Agent

04/11/19  
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.*

Nancy Luna  
Required Signature/Incorporator

4/5/2019  
Date