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COVER LETTER

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

SUBJECT: TWIPPEE INCORPORATED
(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:

Alan S. Honig
Name (Printed or typed)

1501 Broadway Suite 1802
Address

New York N.Y. 10036
City, State & Zip

917 617-1234
Daytime Telephone number

XCL2GO@AOL.COM
E-mail address: (to be used for future annual report notification)

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

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: TWIPPEE INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17582 BOCAIRE WAY
BOCA RATON FL 33487

1501 BROADWAY Suite 1802
NEW YORK NY 10036

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO MANAGE INVESTMENTS, CONSULT WITH RESPECT
to choosing investments consistent with the
INVESTOR'S GOALS, BUY AND SELL INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAN S. HONIG PRES. Name and Title: ALAN S. HONIG DIRECTOR

Address: 17582 BOCAIRE WAY Address: _____
BOCA RATON FL 33487

Name and Title: RENEE HONIG SECY. Name and Title: RENEE HONIG - DIRECTOR

Address: 215 Southeast SPANISH Address: _____
TRAIL
BOCA RATON FL 33432

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2019 OCT 30 AM 11:05
SECRETARY
TALLAHASSEE, FL 32304

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: ALAN S. HOWIG

Address: 17582 BOCAIRE WAY
BOCA RATON FL 33487

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALAN S. HOWIG

Address: 17582 BOCAIRE WAY
BOCA RATON FL 33487

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

Alan S. Howig ALAN S. HOWIG 10/29/2019
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.

Alan S. Howig ALAN S. HOWIG 10/29/2019
Required Signature/Incorporator Date