P19000 86458

(R	Requestor's Name)
<u> </u>	ddress)
A)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

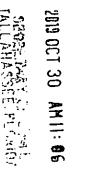
EOV 212019

T. SCOTT



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COVER LETTER

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

SUBJECT:	TWIPEE INCORPOR	RATED	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	1501	S. Howig The (Printed or typed) Broadway Address Lork Wy . 1 To State & Zip	
	91- Daytime	Telephone number	· - ····
	E-mail address: (to be us	260@ AOL. Co	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)

RTICLE I NAME ne hame of the corporation sha	68		
RTICLE II PRINCIPAL (Princip	OFFICE pal <u>street</u> address	Mailing ac	ldress, if different is:
17582 BOCAU	RE WAY	1501 BR	ex NY 10036
BOCA RATON	FL 33487	NEW YO	er NY 10036
	oration is organized is:		
To manag	e investments of investments goals, Byy A	CONSULT WI	TH RESPECT
to chouse	ng INVESTMENTS	couristed,	with the
INVESTOR'S	gOALS, BYY A	MA SPLL INVE	TMENTS
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	40.0		
e number of shares of stock is	FICERS AND/OR DIRECTORS	ES. Name and Title:	AN S, HONIG DIREC
Name and Title:	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI		AN S, HONIG DIREC
RTICLE V INITIAL OFF Name and Title: Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W	DAYAddress:	AN S, HONIG DIREC
RTICLE V INITIAL OFF Name and Title: Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI	DAYAddress:	AN S, HONIG DIREC
RTICLE V INITIAL OFF Name and Title: Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W	DAYAddress:	AN S, HONIG DIREC
RTICLE V INITIAL OFF Name and Title: Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W	DAYAddress:	
Name and Title: Remarks of Stock is Reflect V INITIAL OFF	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W BOCA RATON FL	DAYAddress: 33487	EE HONIG - DIRECT
Name and Title: Rame and Title: Address Address Address Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W BOCA RATON FL. NEE HONIG SEC S Southpast Spann	A Address: B3Y&7 Name and Title: PEN Address:	EE HOWIG - DIRECT
Name and Title: Reserved Address Address Address Address Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W BOCA RATON FL NEE HONIG SEC S SOUTHPAST SPAMU RAIL	AYAddress: 334&7	EE HOWIG - DIRECT
Name and Title: Red Address Address Address Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W BOCA RATON FL. NEE HONIG SEC S Southpast Spann	AYAddress: 334&7	EE HONIG - DIRECT
Name and Title: Address Address Address Address	FICERS AND/OR DIRECTORS ALAN S. HONIG PRI E17582 BOCAIRE W BOCA RATON FL NEE HONIG SEC S SOUTHPAST SPAMU RAIL	AyAddress: B34&7 Name and Title: PEU Address:	EE HOWIG - DIRECT

Name and Title	e: Name and Title:
Address	Address:
ARTICLE VI REGI. The name and Florida	STERED AGENT street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	ALAW S- HONIG
Address:	17582 BOCARE WAY
	17582 BOCARE WAY BOCA RATON FL 33487
ARTICLE VII INCO	<u>PRPORATOR</u>
The name and address	of the Incorporator is:
	ALAN S. HONIC
Address:	17582 BOCAIRE WAY BOCA RATON FL 33467
-	BOCA RATION PL 33487
ARTICLE VIII EFF. Effective date, if other (If an effective date is filing.)	than the date of filing: (OPTIONAL) listed, the date must be specific and cannot be more than five days prior or 90 days after the
	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Having been named as this certificate, I am far	registered agent to accept service of process for the above stated corporation at the place designated in miliar with and accept the appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent ALAN S. HON1 G 10/29/2019 Date
I submit this document	t and affirm that the facts stated herein are true. I am aware that the false information submitted in a
aocument to the Depar	ment of State constitutes a third degree felony as provided for in \$.817.155, F.S. ALAN S. HONIG 10/29/2019
Required Si	Printing // Date