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(Requestor's Name)

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☐ PICK-UP

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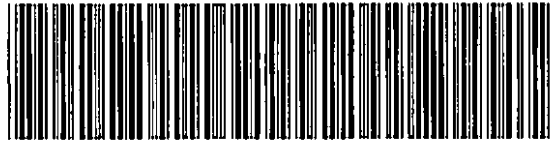
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

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

SUBJECT: TWINS Independent Living CARE, Inc.  
(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: Ruthenia Moses  
Name (Printed or typed)  
P.O. Box 120091  
Address  
Cherment, FL 34712  
City, State & Zip  
(352) 408-8273  
Daytime Telephone number  
Ruthenia.moses@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION  
OF**

**TWINS INDEPENDENT LIVING CARE, INC.**

**THE UNDERSIGNED**, acting as sole incorporator of  
Twins Independent Living Care, Inc. under chapter 607 of the Florida Statutes,  
hereby adopts the following Articles of Incorporation for such Corporation:

**ARTICLE I**

**Name**

The name of the corporation shall be Twins Independent Living Care, Inc.

**ARTICLE II**

**Principal Office**

The address of the Principal Office of the corporation is 2460  
Marshfield Preserve Way- Kissimmee, FL 34746. The location of the Principal  
Office shall be subject to change as may be provided in bylaws duly adopted by  
the corporation.

**ARTICLE III**

**Purpose**

The purpose for which the Corporation is organized and operated is to  
provide 24 hour care and housing for men and women in need of care. This  
Corporation will operate for the sole purpose of carrying on a Trade or  
Business for profit.

## **ARTICLE IV**

### **Shares**

The number of shares which the corporation shall have authority to issue is (10,000). Consisting of a single class of common stock. One Cent (\$0.01) par-value per share.

## **ARTICLE V**

### **Names and Address of Director and Officers**

**President- Jackson Antoine  
2460 Marshfield Preserve Way  
Kissimmee, Fl. 34746**

**Vice President – Jean Antoine  
1046 SW 102nd Terrace  
Pembroke Pines, Fl. 33025**

**Secretary- Anthony J. Antoine  
1046 SW 102<sup>nd</sup> Terrace  
Pembroke Pines, Fl. 33025**

## **ARTICLE VI**

### **Mailing Address**

The mailing address of the Corporation will be 2460 Marshfield Preserve Way- Kissimmee, Fl. 34746.

## ARTICLE VII

### Initial Board of Directors

The number of Directors constituting the initial Board of Directors of the corporation is two. The number of Directors may be increased or decreased from time to time, but in no event shall the number of Directors be less than one (1). The person who is to serve as initial Director until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and shall qualify is Jackson Antoine.

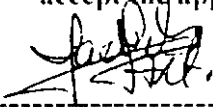
## ARTICLE VIII

### Initial Registered Agent and Address

The name and address of the registered agent shall be as follows:

Jackson Antoine – 2460 Marshfield Preserve Way- Kissimmee, Fl. 34746

(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.)

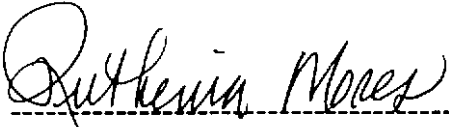
  
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Signature/Registered Agent

JACKSON ANTOINE  
Print Name/ Date 12/12/2020

## ARTICLE XI

### Name and Address of Incorporator

The name and address of the Incorporator is Ruthenia Moses, P. O. Box  
120091- Clermont, Fl. 34712

  
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Signature /Incorporator

Ruthenia Moses  
-----  
Print Name/Date 12/12/20