

P23000014140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

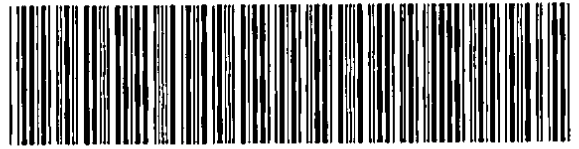
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
FEB 23 2023

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2023 FEB 22 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 FEB 22 PM 3:16
NOTARIES OFFICE
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 02/22/2023

****WALK IN****

ENTITY NAME T.W.I.Y. Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much.

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.W.I.Y. Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20901 NE 30th CT.

Aventura, FL 33180

Mailing address, if different is:

20901 NE 30th CT.

Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding company

ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares at \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Kapelushnik, President

Address 20901 NE 30th CT.

Aventura, FL 33180

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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: Benjamin Kapelushnik
Address: 20901 NE 30th CT.
Aventura, FL 33180

ARTICLE VII INCORPORATOR

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

Name: Michael Beiline
Address: 19195 Mystic Pointe Dr., PH3
Miami, FL 33180

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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

Benjamin Kapelushnik 02/22/2023
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.

Benjamin Kapelushnik 02/22/2023
Required Signature/Incorporator Date