

P24000065618 ^{FC} 10-23-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

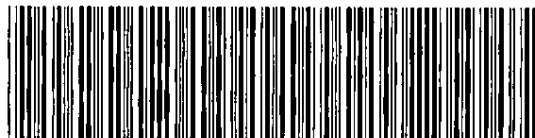
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Customer was called on 10/23/24
around 4:30 PM. In regards
to updating Shares (I was agree on)
Also to confirm which address
to use on RA.

W24000137709
^{FC} 10-23-24

Office Use Only



900436196849

09/12/24--01007--006 **12.50

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT:

Twisted Sisters, Inc. ^{*Amelia*}

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Kim T. Holwell

Contact Person

Twisted Sisters!

Firm/Company

402 Centre Street

Address

Fernandina Beach, Fl. 32034

City, State and Zip Code

Kimholwell@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim T. Holwell

Name of Contact Person

at *(229) 561-3106*

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Twisted Sisters, Inc.
Enter Name of the Converting Entity

2. The converting entity is a Corporation
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Georgia
(Enter state, or if a non-U.S. entity, the name of the country)

on October 13, 2004
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Twisted Sisters, Inc. Twisted Sisters Amelia, Inc.
Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

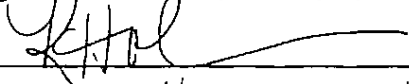
5. If not effective on the date of filing, enter the effective date: Sept 10, 2024
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this 5th day of September, 2024.


Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: Kim T. Holwell Title: CEO, CFO, owner

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: Kim T. Holwell Title: CEO

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Twisted Sisters, Inc. Twisted Sisters Amelia, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

402 Centre Street

(same)

Fernandina Beach, Florida

32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Twisted Sisters is a woman's clothing store originally
incorporated in the state of Georgia. We sell ladies clothing,
apparel, accessories and home decor. Our store is located
in Fernandina Beach, FL. Since re-locating here. We
wish to move our corporation to the state of Florida as
we will continue our business endeavors here.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Kim T. Holwell, CEO

Name and Title: _____

Address: 402 Centre Street
Fernandina Beach, FL. 32034

Address: _____

Name and Title: Taylor M. Holwell, Sec.

Name and Title: _____

Address: 402 Centre Street
Fernandina Beach, FL. 32034

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

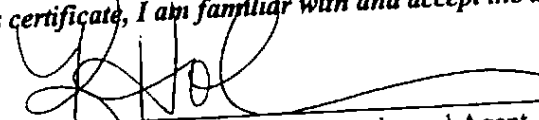
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kim T. Holwell

Address: 402 Centre Street
Fernandina Beach, FL
32034

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



Required Signature/Registered Agent

Sept 5, 2024
Date