

To: 10/22/24, 2:55 PM

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10/26/24

From: AI

Division of Corporations

P24000065924

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H2400035240834BC

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)230-9353
Fax Number : (305)675-8465

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2024 OCT 24 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
TWINS ONE STOP INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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October 23, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS BUSINESS & TAX SERVICES INC

SUBJECT: TWINS ONE STOP INC
REF: W24000144312

Legal copy:

We have received your document for TWINS ONE STOP INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.04.

The name of the business entity, TWINS ONE STOP INC, was not listed in Article I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H24000352408
Letter Number: 424A00023384

10/24/24- Spoke with Department on the phone. Said everything is good.

COVER LETTER

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

SUBJECT: TWINS ONE STOP 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: TWINS ONE STOP INC
Name (Printed or typed)

369 E. 1ST AVE SUITE 369
Address

HIALEAH, FL 33010
City, State & Zip

786-970-1542
Daytime Telephone number

INFO@EXPRESSTAXSVCS.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: TWINS ONE STOP INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
369 E. 1ST AVE SUITE 369	369 E. 1ST AVE SUITE 369
HIALEAH, FL 33010	HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	NADER HAMAYEL , P	Name and Title:	
Address	369 E. 1ST AVE SUITE 369	Address:	
	HIALEAH, FL 33010		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____
 Address: _____ Address: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NADER HAMAYEL
 Address: 369 E. 1ST AVE SUITE 369
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NADER HAMAYEL
 Address: 369 E. 1ST AVE SUITE 369
HIALEAH, FL 33010

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

Nader Hamayel 10/22/2024
 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.

Nader Hamayel 10/22/2024
 Required Signature/Incorporator Date