

P960000084629

TRANSMITTAL LETTER

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

600001870216
-10/10/96--01026--004
***131.25 ***131.25

SUBJECT: TWIN CUSTOMS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JACK L. MATTHEWS
Name (Printed or typed)

2650 SOUTHWEST 141ST TERRACE
Address

OCALA, FL 34481
City, State & Zip

352-465-1565
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 10 PM 3:11

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

9/10/14/90

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
CORPORATIONS
96 OCT 10 PM 3:11

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TWIN CUSTOMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PLACE OF BUSINESS:

1530 NE 1ST AVENUE
OCALA, FL 34470

MAILING ADDRESS:

C/O JACK MATTHEWS
2650 SOUTHWEST 141ST TERRACE
OCALA, FL 34481

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JACK L. MATTHEWS
2650 SOUTHWEST 141ST TERRACE
OCALA, FL 34481

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JACK L. MATTHEWS
2650 SOUTHWEST 141ST TERRACE
OCALA, FL 34481

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8TH day of OCTOBER, 19 96.

(An additional article must be added if an effective date is requested.)

Jack L. Matthews, President
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TWIN CUSTOMS, INC.

2. The name and address of the registered agent and office is:

JACK L. MATTHEWS

(NAME)

2650 SOUTHWEST 141ST TERRACE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

OCALA, FL 34481

(CITY/STATE/ZIP)

FILED
STATE
SECRETARY OF CORPORATIONS
96 OCT 10 PM 3:11

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jack L. Matthews
(SIGNATURE)

October 8, 1996
(DATE)

P96000084629

Requester Name
JACK MATTHEWS
2650 SW 141 TERRACE
Ocala, FL 34481

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Not Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-04/18/97--01069--012
*****35.00 *****35.00

W
PAID
JUL 15 1997

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: TWIN CUSTOMS, INC.

SECOND: The articles of incorporation were filed on: OCTOBER 10, 1996

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 16 day of APRIL, 19 97.

Signature

Jack L. Matthews

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

JACK L. MATTHEWS

(Typed or printed name)

PRESIDENT

(Title)