

TRANSMITTAL LETTER

P9600009437

Partnership
Division of Corporations
P. O. Box 632
Tallahassee, FL 32314

SUBJECT: SIN TWISTERS INCORPORATED
(Proposed corporate name - must include suffix)

700002000187-8
11/15/96--01087--001
***131.25 ***131.25

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: LYNDA MAHONEY
Name (Printed or typed)

319 NORTH O STREET
Address

LAKE WORTH FL 33460
City, State & Zip

561 - 586 - 0950
Daytime Telephone number

11/9

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

ARTICLES OF INCORPORATION

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:

SIN TWISTERS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

319 NORTH O STREET
LAKE WORTH FL 33460

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FILED

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LYNDA MAHONEY
319 NORTH O STREET
LAKE WORTH FL 33460

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):

LYNDA MAHONEY
319 NORTH O STREET
LAKE WORTH FL 33460

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

14TH day of NOVEMBER, 19 96.

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

Lynda Mahoney
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: SIN TWISTERS, INCORPORATED
2. The name and address of the registered agent and office is:

LYNDA MAHONEY
(NAME)
319 NORTH O STREET
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
LAKE WORTH FL 33460
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Lynda Mahoney
(SIGNATURE)

14 NOV 96
(DATE)