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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
CHADOIT	71858	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Two Girls, Inc.						
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		l		Art of Inc. File		
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				Foreign Corp. File	_	
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				Fictitious Name File	_	
				Trade/Service Mark	_	
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			<u></u>	Annual Report / Reinstatement		<u>}</u>
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				Certificate of Fictitious Name		
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Requested by: SETH	12/11/19			UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
				UCC 11 Retrieval	-	
Walk-In	Will Pick Up			Courier		

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Two Girls, Inc.						
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				Certificate of Good Standing	<u></u>	
				Certificate of Status		
				Certificate of Fictitious Name		
				Corp Record Search		
				Officer Search		
				Fictitious Search		
Signature				Fictitious Owner Search		
				Vehicle Search		
				Driving Record		
Requested by: Seth	12/13/19			UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
				UCC 11 Retrieval	-	
Walk-In	Will Pick Up		—	Courier		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2019

CAPITAL CONNECTION, INC.

SUBJECT: TWO GIRLS, INC. Ref. Number: W19000107858

We have received your document for TWO GIRLS, INC. and your check(s) totaling \$962.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L03000013643.

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.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00025364

COVER LETTER

_	on Section of Corporation	5				
SUBJECT:	Two	GIRUS Name of corpo		st include suffix		
Dear Sir or Madar	n:					
The enclosed "Ap "Certificate of Ex above referenced	istence," or "C	ertificate of Goo	d Standing'	and check are su		
Please return all co	orrespondence	concerning this	matter to th	e following:		
	EDWAR	D CUEV	A-S (Jr.		
		Nan	ne of Perso	n		
	CUEV	AS TRA	wler	s		
		Firm	Company			
P.O. BO	x 729	1 125	SOUTH	Shore	PRIVE	
	<u> </u>		Address			
	Poor	BABEL.	TEX	45 785 code	18	~
		City/Si	tate and Zip	code		191
	ei-c	nevano	Piliu	e. comu		를.
	E-mai	address: (to be i	ised for fut	ure annual report	notification)	<u>.</u>
For further informa	ation concernir	ng this matter, ple	ase call:			
EOWARD Name of P	Cuovas Person	at (<u>95</u> Area	Code	434- Q Daytime Telep	3/3/ ohone Number	_ ::
Registration Division of Clifton Bui 2661 Execu	Corporations			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a check	for the follow	ing amount:				
□ \$70.00 Filing Fe	e 🗖 \$78.7	75 Filing Fee & ficate of Status		75 Filing Fee & fied Copy	\$87.50 Filin Certificate Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Two GIRLS INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	1
Two Gills Fishing, Inc.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting	
2. TEXAS / USA (State or country under the law of which it is incorporated) 3. 74 - 2459 42 (FEI number, if app	27
(State or country under the law of which it is incorporated) (FEI number, if app	licable)
4. 12 · 15 · 1986 5. (Date of incorporation) 5.	
(Date of incorporation) (Date of duration, if other ti	han perpetual)
6.	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability	v)
7 125 SOUTH Shops Dains Part trace to	70578
(Principal office address)	785 76
1. 125 SOUTH Shore Drive PORT TEABER, TX (Principal office address) 1.0. Box 129, PORT TEABER TX 18578	
(Current mailing address, if different)	
	70190
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Your Capital Connection, Inc. 417 E VIRGINIA ST	<u>.</u> .
Office Address: SUITE 1	rest of the second
TALLAHASSEE, FL 32301	_ 65
	$\bar{\omega}$
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated designated in this application. It has been also accept service of process for the above stated designated in this application.	
was graved in this upplication, I nereny accept the appointment as registered again and assess	
further agree to comply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligations of my position as registered agent.	performance of my
and accept the obligations of my position as registered agent.	
/S/ Seth Neeley as authorized representative of Your Capital Connection, Inc.	
(Registered agent's signature)	_
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delike Department of State, by the Secretary of State or other official begins in the secretary of State or other	very of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
		<u> </u>
Director:		
Address:		
		<u>.</u>
Director:		
Address:		
<u>. </u>	2017	
B. OFFICERS	DESC.	
President: OSE G. CUEVAS	. <u>.</u>	.3
Address: 128 E. CAROLYN, SOUTH PAPRE ISLAND, TX 70597		
P.O. BOX 729, PORT ISABEL, TX 78578		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	irectors.	
12		
The officer or director signing this document (and who is listed in number 11 above) affirms that the fact	s stated he	rein
a third degree felony as provided for in a \$17,155. E.S.	tate consti	tutes
13. Jose G. Cuevas President		
(Typed or printed name and capacity of person signing application)		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for TWO GIRLS, INC. (file number 102047800), a Domestic For-Profit Corporation, was filed in this office on December 15, 1986.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 11, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 931503190020