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TALLAHASSEE FLORIDA

EFFECTIVE DATE

01/01/16

*[Signature]* 01/04/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Two Regimes LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mimi Shaw

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5151 Quail Valley Road

\_\_\_\_\_  
Address

Tallahassee, FL 32309

\_\_\_\_\_  
City/State and Zip Code  
TwoRegimes@gmail.com

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

For further information concerning this matter, please call:

Kelly Bowen

305

321-3520

at ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy

(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Two Regimes LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5151 Quail Valley Road  
Tallahassee, FL 32309

Mailing Address:

5151 Quail Valley Road  
Tallahassee, FL 32309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mimi Shaw

Name

5151 Quail Valley Road

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32309

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..

Mimi Shaw

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR	Mimi Shaw 5151 Quail Valley Road Tallahassee, FL 32309
AMBR	Kelly Bowen 8935 Carlyle Ave Surfside, FL 33154
MGR	Perry Shaw 5151 Quail Valley Road Tallahassee, FL 32309
MGR	Klown Kapers Inc 5151 Quail Valley Road Tallahassee, FL 32309

(Use attachment if necessary) *SEE ATTACHMENT FOR ADDITIONAL MEMBER*

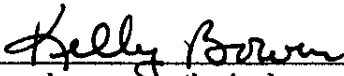
**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2016 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 I am aware that any 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.

Kelly Bowen  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fees:**  
 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
 \$ 30.00 Certified Copy (Optional)  
 \$ 5.00 Certificate of Status (Optional)

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 AND  
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**Article IV – Continued**

**MGR**

**Kelly Solutions LLC  
8935 Carlyle Ave  
Surfside, FL 33154**

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