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DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	•	
	•	<i>(</i> **
SUBJECT: TWIN OAKS HOLDINGS, LLC	·	•
(Name of L	imited Liability Company)	
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check are liability company to transact business in Florida	e submitted to register the above referenced for	
Please return all correspondence concerning thi	s matter to the following: .	
Cammie Warburtor	n	0 DN
(Name of Person)	SEC VISIO
c/o Sutton Law Center		- 1 FR
. (Firm/Company)	
	* */	S S S S S S S S S S S S S S S S S S S
348 Mill Street		STATE HS
	(Address)	
Flore NU / 00504		
Reno, NV 89501	(0, 17' OCL)	
(City,	/State and Zip Code)	
For further information concerning this matter,	plcase call:	
Cammie Warburton		
(Name of Person)	at (775) 284-7162 (Area Code & Daytime Telephone No	umbar)
(Name of reison)	(Area Code & Daytine Telephone 14)	annoer)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee Certificate		ee, Certificate us & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>T</u>	WIN OAKS HOLDINGS, LLC (Name of Foreign Limited Liability Company)		_
<u>(J</u>	dyoming 3. urisdiction under the law of which foreign limited liability (FEI number, if applicable)		
	May 31, 2005 (Date of Organization) 5 Perpetual (Duration: Year limited liability company will ce exist or "perpetual")	ase to	_
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		_
7. 6	i0 East Simpson Avenue	0	DIN
J	ackson, WY 83001 .	5 JUL	-VSION
-	(Street Address of Principal Office)	1	_6.5
8. If limited liability company is a manager-managed company, check here 🗹		PH	08P(
9. 1	The name and usual business addresses of the managing members or managers are as follows:	7 PH 2: 44	CORPORATIONS
-	Otto Kumbar, 60 East Simpson Avenue, (P.O. Box 2869), Jackson, WY 83001.		ैं -
the ju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languation of the certificate under eath of the translator must be submitted.)	y of n	- cords
11.	Nature of business or purposes to be conducted or promoted in Florida: To hold real estate.		-
_	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Otto Kumbar, MANAGER		~ *

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Con	mpany is:		
TWIN OAKS H	OLDINGS, LLC			
2. The name a	and the Florida street addre	ss of the registered	agent and office are:	
	Karen Maller			
	(Name)		_ 0. V	
	1 Progress Plaza, No. 121	o O		SECRE S JUL
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	St. Petersburg,	FL City/State/Zip	33701	PH 2:
		ону, ошолыр		F 555

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

Ss

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that TWIN OAKS HOLDINGS, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 05/31/2005, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 31st day of May A.D., 2005.



Secretary of State

By Candle Delma