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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN

JAN 2 3 2007

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: POWER OF TWO ENTERPRI	SES, LLC	
	(Name of Lim	ited Liability Company)	
Floric		ability Company for Authorization to Transacubmitted to register the above referenced fore	
Please	return all correspondence concerning this n	natter to the following:	
	_Showne V. Shif	le++	
	(Na	ume of Person)	
	Power of Two End (Fin	erprises LLC rm/Company)	FILE SECRETARY VISION OF CO JAN 22
	472 Clareon Drive	(Address)	PH 3: 01
	Seacrest Beach (City/St	Florida 32413 rate and Zip Code)	_
For fo	orther information concerning this matter, ple	ease call:	
	Shawne V. Shiflett (Name of Person)	at (<u>850</u>) <u>665 - 3618</u> (Area Code & Daytime Telephone Nun	nber)
	MAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclo	sed is a check for the following amount:		
	\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$\sum \$160.00 Filing Fee f Status Certified Copy of Status	e, Certificate & 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. POWER OF TWO ENTERPRISES, LLC	
(Name of Foreign Limited Liability Company)	
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20 - 823 0375 (FEI number, if applicable)	
4. 12-20-06 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 174 Watercolor Way # 197 28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows: Shawar V. Shiffett, 174 Wadercolor Way # 1975anta Rosa Beach, FL 3245 D. Leigh Moore, 174 Wadercolor Way # 197, Sonta Rosa Beach, FL 32459	9
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Sale of Francial Services Alliance Membership and event fichets to public.	
Signature of a morpher 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.)	
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 the Limited Liability Company is:

POWER OF TWO ENTERPRISES, LLC

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

Business Filings Incorporated

1203 Grovernors Square Blud. Swife 101

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301-2960

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 608, Florida Statutes.

Mules MCOS _____

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



DIVISION OF CORPORATIONS
OF JAN 22 PM 3: 01

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **POWER OF TWO ENTERPRISES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 20, 2006, and is in good standing in this state.

Ву

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 21, 2006.

DEAN HELLER Secretary of State

Certification Clerk

NOTE IN SHA