(Re	equestor's Name)	·
(Ac	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
ζ	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
<b></b>		,
Fan.		

Office Use Only



800104865308

06/27/07--01015--020 \*\*130.00

### **COVER LETTER**

	on of Corporations	_	
SUBJECT:			TWO, LC
	(N	ame of Lim	ited Liability Company)
Florida," Cert		check are su	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return	all correspondence conce	rning this m	natter to the following:
	_ YOGEND	RA D	HANIK.
			me of Person)
	7 <i>E</i> AN	MMPA :	TWO , LLC
		(Fir	m/Company)
	4300	SUNDEW	cT,
			(Address)
	keau, .a.	4.0 CA	
	HAYWAI		94542 ate and Zip Code)
For further int	formation concerning this	, ,	•
	COGENDRA DHONI	K.	at ( 510 ) 427-8597
<b></b>	(Name of Persor	1)	(Area Code & Daytime Telephone Number)
	ING ADDRESS:		STREET ADDRESS:
	on of Corporations		Division of Corporations
	ox 6327 assee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following a .00 Filing Fee \$130.00	mount: Filing Fee & Certificate of	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO DRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: YOGEWORA DHANIK 4300 SUNDEW CT. HAYWARD CA 94542 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: REAL ESTATE HOLDING 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.)

Typed or printed name of signee

YOGENDRA DHANIK, MANAGER

## 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:
TEAN TAMPA TWO, LLC
2. The name and the Florida street address of the registered agent and office are:
GREG ANDERSON (Name)
13135 PALMILLA CIRCLE
Florida Street Address (P.O. Box NOT ACCEPTABLE)
DADE CITY FL 33525  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.
Gireg Anderson.  (Signature)

\$ 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



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **TEAN TAMPA TWO**, **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 May 14, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 14, 2007.

The state of the s

ROSS MILLER Secretary of State

Ву

Certification Clerk