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(Re	questor's Name)	
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(Do	cument Number)	
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SECRETARY OF SIMIS OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: These Two, LLC	
(Name of Limi	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Suzette Bryan	
(Nar	ne of Person)
These Two, LLC	
(Fire	n/Company)
1360 NE 27th Terrace, #4	
	Address)
Pompano Beach, FL 33062	!
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se cali:
Suzette Bryan	at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: [3] \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of \$1.00 files \$1.00 files [4] \$125.00 Filing Fee \$1.00 files [5] \$125.00 Filing Fee \$1.00 files [6] \$125.00 Filing Fee \$1.00 files [6] \$125.00 Filing Fee \$1.00 files [7] \$125.00 Filing Fee \$1.00 files [8] \$125.00 Filing Fee \$1.00 files [9] \$125.00 Files [9] \$125	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate testatus Certified Copy of Status & Certified Copy

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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.	These Two, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-	
Co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi ompany," "L.L.C.," "LLC.")		m
2.	lowa 3		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	1/16/2008 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	-	
6	Upon qualification		
•	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-	0
7.	1360 NE 27th Terrace, #4	09	SIA
	Pompano Beach, FL 33062	JAN	110
	(Street Address of Principal Office)	5	دا د دستر
8.	If limited liability company is a manager-managed company, check here	HA	DIVISION OF CORPORATION
9.	The name and usual business addresses of the managing members or managers are as follows:	MH: 21	K
	Suzette Bryan, 1360 NE 27th Terrace, #4, Pompano Beach, FL, 33062		0
		-	•
		-	
		-	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipiral certificate is in a foreign language, a relation of the certificate under each of the translator must be submitted.)	eords i	n
11	. Nature of business or purposes to be conducted or promoted in Florida: producing, licensing ar	nd	
	manufacturing of indoor taming products.		
	Sunto To Burn	-	
	Signature of a member or an authorized representative of a member,		
	(In accordance with section 608,408(1), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Suzette Bryan as Managing Member		

Typed or printed name of signee

Lynn

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.

These Two,	LLC		
If name unavail	able, the alternate name to be used in the state of Florida is:		
2 The name on	1.1. Ministration of the resistant agent and affine and	·····	
4. The name an	d the Florida street address of the registered agent and office are:		0
z. The hand an	Suzette Bryan	09 (DIVISI
z. Tik hamo an		Ö9 JAN	NOISIVIO
z. Tik namo m	Suzette Bryan	_	DIVISION OF CO
z. Tiv hano m	Suzette Bryan (Name)	JAN	DIVISION OF COST
z. The hand an	Suzette Bryan (Name) 1360 NE 27th Terrace, #4	JAN	DIVISION OF COMPANA

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.

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\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

p.2

Certificate Print

IOWA SECRETARY OF STATE MICHAEL A. MAURO



Date: 01/16/2009

CERTIFICATE OF EXISTENCE

Name: THESE TWO, LLC (490DLC - 357454)

Date of Organization: 1/16/2008

Duration: 12/31/9999

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.

Certificate ID: CS25805

To validate this certificate please visit the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate

MICHAEL A. MAURO

SECRETARY OF STATE