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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	CCT: Oliver Twist Enterprises, LLC (Name of Limited Liability Company)
	(Name of Elimica Elability Company)
Florida	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in ," Certificate of Existence, and check are submitted to register the above referenced foreign limited v company to transact business in Florida
Please	return all correspondence concerning this matter to the following:
	Bruce T. Chen (Name of Person)
	(Name of Person)
	Bliver Twist Enterprises UC Prises
	(Firm/Company)
	Oliver Twist Enterprises LLC  (Firm/Company)  1304 Stonehedge CT.  (Address)
	(Address)
	Saint Augustine, FL 32092 (City/State and Zip Code)
	(Čity/State and Zip Code)
For fu	ther information concerning this matter, please call:
	Rouge Chen at (904) 827-712Z  (Name of Person) (Area Code & Daytime Telephone Number)
	(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
Enclos	ed is a check for the following amount:  Status  Statu

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

	TH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE OMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:	<i>IGN</i>
1.	Oliver Twist Entorprises LLC  sign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, consent of the manag Company," "L.L.C.,"	enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wriers or managing members adopting the alternate name. The alternate name must include "Limited Liability "LLC.")	tten
2. Ne	the law of which foreign limited liability 3.  26 - 170 99 3 9  (FEI number, if applicable)	
company is organiz	red)	
4. //- (Da	te of Organization)  5. Perpe fual  (Duration: Year limited liability company will cease to exist or "perpetual")	
	PON Filling	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	Stone hedge CT.	
	ST. Augustine, FL 32092  (Street Address of Principal Office)	~
	(Street Address of Principal Office)	-
		T
	usual business addresses of the managing members or managers are as follows:	4
Bours	1. Chan	
Druce	1. Cheff	
10. Attached is an original	inal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	e in
the jurisdiction under t	he law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	э и з
translation of the certif	icate under oath of the translator must be submitted.)	
11. Nature of bus	iness or purposes to be conducted or promoted in Florida:	
Managen	nent Services	
	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.)	
	Bruce Chen	
	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.

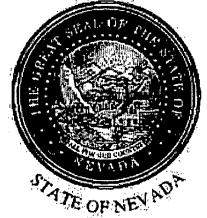
. The name of the Limited Liability Company is:
Oliver Twist Enterprises, LLC
f name unavailable, the alternate name to be used in the state of Florida is:
<u> </u>
The name and the Florida street address of the registered agent and office are:  Bruce T. Chen  (Name)
(Name)
(Name)  (Name)  (Name)  (Name)  (So w)  Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Saint Augustine, FL 32092 City/State/Zip
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited iability company at the place designated in this certificate, I hereby accept the appointment as registered

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)

## 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, **OLIVER TWIST 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 November 29, 2007, and is in good standing in this state.

A VANA

Electronic Certificate
Certificate Number: C20101117-3273
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 17, 2010.

ROSS MILLER Secretary of State