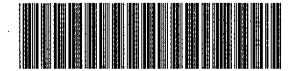
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SECRETARY OF STATE

## COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Two Trey, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rand E. Sacks

Name of Person

The Sacks Group, PLLC

Firm/Company

5335 Wisconsin Avenue, NW, Suite 720

Address

Washington, DC 20015

City/State and Zip Code

rsacks@thesacksgroupllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rand E. Sacks

202

721-7284

Name of Contact Person

Area Code

Daytime Telephone Number

### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	e of transacting business in Florida. The alternate name must	include "Limited
<sub>2</sub> Delaware	<sub>3.</sub> 52-2284467	I AA I
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	CHETAR
	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)	ان انتا
<sub>5.</sub> 5335 Wisconsin Avenue, NV		ason S
Washington, DC 20015		RIDA
(Street Ad	dress of Principal Office)	
<sub>6.</sub> 5335 Wisconsin Avenue, NV	V, Suite 720, Attn. Gene Ma	son
Washington, DC 20015		
	Mailing Address)	
7. The name, title or capacity and address of the	person(s) who has/have authority to manage is	s/are:
Michael Jordan - Member - 5335 Wisconsin A	Ave., NW, Suite 720, Washington, DC 20	015
Curtis J. Polk - Member - 5335 Wisconsin Av	re., NW, Suite 720, Washington, DC 2001	15
8. Attached is an original certificate of existence, having custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language must be submitted)	r the law of which it is organized. (A photocop	py is not

Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Curtis J. Polk

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ey, LLC			
If unavailable, the alternate to be used in the state of Florida is:				
2. The name	and the Florida street address	s of the registered agent and office are:		
Curtis J. Polk		2014 HAR SECRETI TALL AHA		
		(Name)		1
763 Ventura Drive		SSE -		
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Sattelite Beach,	32937 FL	IZ: 41 TATE JORIDA	
		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 605, 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)

# Delaware

PAGE 1

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "TWO TREY, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED

SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED

TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTIETH DAY OF NOVEMBER, A.D. 2000, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "TWO TREY, LLC".

3318057 8310

140285032

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1178787

DATE: 03-04-14

You may verify this certificate online at corp.delaware.gov/authver.shtml