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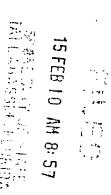
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J. SHAVERS FEB 18 7015

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: TWINS' PEAK, 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:

KRISTINE ANDERSON
Name of Person
TWINS' PEAK, LLC
Firm/Company
5901 BERKSHIRE CT.
Address
ALEXANDRIA, VA 22303
City/State and Zip Code
born2be@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTINE ANDERSON 703 786-1634

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLO	ORIDA:		
1 TWINS' PEAK, LLC			
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	or "LLC"	.")	
Rose Hill Wa, LLC			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alterna Liability Company," "L.L.C." or "LLC.")	te name mi	ıst inch	ıde "Limited
2. NEVADA 3. 47-295113	5 (
(Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized)	plicable)		
4. UPON ACCEPTACE			_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
701 N GREEN VALLEY PKWY STE 200			-
HENDERSON NV 89074		긊	
(Street Address of Principal Office)	7-27	633	· .
_{6.} 5901 BERKSHIRE CT.	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	<u>-</u>	2 - 7 -
ALEXANDRIA, VA 22303	#\ 	3	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(Mailing Address)	77 () · · · ·	ά	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage	ری is/ar	e:
KRISTINE ANDERSON-MANAGER-5901 BERKSHIRE CT. ALEXAN	DRÍA, V	VA 2	2303
SHARON FIELD-MANAGER-5901 BERKSHIRE CT. ALEXANDE	HA. VA	22:	303
			
8. Attached is an original certificate of existence, no more than 90 days old, duly auth	enticate	d by t	he official
having custody of records in the jurisdiction under the law of which it is organized. (A	A photoc	ору і	s not
acceptable. If the certificate is in a foreign language, a translation of the certificate un	der oath	of th	e translator
must be submitted) ——Docusigned by:			
Existine Anderson			
267D00CF0CF74F3			
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 pe	nury that the	facts st	ated herein are tr
un aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro-	vided for in	s.817.1	55, F.S.)

KRISTINE ANDERSON

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

FOLLOWING S	STATEMENT TO DESIGNATE A REGISTERED OFFICE AN E STATE OF FLORIDA.	
	the Limited Liability Company is: PEAK, LLC	
If unavailable, t	he alternate to be used in the state of Florida is:	
2. The name an	d the Florida street address of the registered agent and office a	re:
	(Name)	·
	2295 South Hiawassee Road Ste 201	75 15
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	8
	Orlando FL 32835 City/State/Zip	10 AM 01

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.

Elise Sakatino		
8D6AC2210DD24AF		
	(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, BARBARA K. CEGAVSKE, 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, TWINS' PEAK, 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 30, 2014, and is in good standing in this state.

NE VADA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 18, 2015.

Balkors K. Caganske

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20150118-0126
You may verify this electronic certificate
online at http://www.nvsos.gov/