P. 001

#### Florida Department of State

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#### Foreign Limited Liability Company TWIN B & A, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

#### 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: 1 TWIN B & A, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The atternate name must include "Limited Liability Company," "L.L.C." or "LLC.") <sub>2</sub> APRIL 24, 2015 APPLIED FOR (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) UPON QUALIFICAT (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. w determine penalty liability) 3 2665 SOUTH BAYSHORE DRIVE SUITE: 703 MIAMI, FL 33133 (Street Address of Principal Office) 6 2665 SOUTH BAYSHORE DRIVE SUITE: 703 MIAMI, FL 33133 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manageris/ar@ TIMOTHY D. RICHARDS (MGR) 2665 SOUTH BAYSHORE DRIVE SUITE: 703 MIAMI, FL 33131 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) Signature of an authorized person (In accordance with section 605,0203, P.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.) TIMOTHY D. RICHARDS

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.

If unavailable, the alternate to be used in the state of Florida is:				
2. The name	and the Florida street addres	ss of the registered agent and office are:		
	WORLD CORPORA	ATE SERVICES, INC.		
		(Name)		
	2665 SOUTH BAYSHORE DRIVE STE: 703			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	MIAMI	33131 FL		
		City/State/Zip		
Howing he	Y		_	
liability compregistered ag statutes relati	namy at the place designated in the place designated in this caping to the proper and complete ligations of my position as reg	nd to accept service of process for the about this certificate, I hereby accept the appoundation. I further agree to comply with the eperformance of my duties, and I am fam gistered agent as provided for in Chapter (mature)	pintment as provisions of all illiar with and	
liability comp registered ag statutes relat accept the ob	namy at the place designated in the place designated in this caping to the proper and complete ligations of my position as reg	n this certificate, I hereby accept the apportunation. I further agree to comply with the e performance of my duties, and I am fam gistered agent as provided for in Chapter gnature)  The Filing Fee for Application	pintment as provisions of all illiar with and	

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### TWIN B & A, LLC

## is a Limited Liability Company

formed or qualified under the laws of Wyoming did on April 24, 2015, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2015-000685614.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of May, 2015 at 8:43 AM. This certificate is assigned 017769533.



Secretary of State

Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.