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COVER LETTER

TO: **Registration Section Division of Corporations**

The Lavon Two, 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 co

Please return all correspond	ence concerning this matter to the	e following:				
Ror	nie Lavon					
	Name of Person					
The	Lavon Two, L	LC				
	F	irm/Company	· · · · · · · · · · · · · · · · · · ·			
4 La	ampton Dr.					
	Address					
Der	ry, NH 03038					
		State and Zip Code				
RL	AVON@AOL.C	OM				
	E-mail address: (to be use	d for future annual report	notification)			
For further information conc	erning this matter, please call:					
Ronie L	.avon	603 at (247-7897			
N	ame of Contact Person	Area Code	Daytime Telephone Number			

Ro

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 Certific 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:

1. The Lavon Two, L					
(Name of Foreign Li The Lavon Two	mited Liability Company; mus	st include "Limited Liabil	ity Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter alternat		se of transacting business	in Florida. The alternate na	me must include	"Limited
Liability Company," "L.L.C," or "I	LLC.")	J			
_{2.} New Hampsl		3	(FEI number, if applica		
(Jurisdiction under the law of wl company is organized)	nich foreign limited liability		(FEI number, if applica	ble)	
_{4.} _January 29, 2					
	(Date first transacted busin (See sections 605.0904 & 605	less in Florida, if prior to 5.0905, F.S. to determine	registration.) penalty liability)	'	
_{5.} 4 Lampton [Or.				
Derry, NH 0	3038				
	(Street A	ddress of Principal Office	:)		
_{6.} 4 Lampton [Dr.		·		
Derry, NH 0	3038				
	((Mailing Address)			
7. The name, title or capa Ronie Lavo	n - Manager				
Sandra Lav	on - Manager				
8. Attached is an original chaving custody of records acceptable. If the certificat must be submitted)	in the jurisdiction unde	er the law of which	it is organized. (A pl	hotocopy is n	ot
		Alto		Ess 🛶	₹
In accordance with section 605.0203, I im aware that any false information sub	S., the execution of this docume		under the penalties of perjury t	d toggist 17. 155	
	Ronie Lavo	on		Y OF	íT:
	Typed or pr	rinted name of signo	ee	4 3: 21 STATE FLORIB	Ö

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.

	the Limited Liability Company is:
	e alternate to be used in the state of Florida is:
2. The name and	the Florida street address of the registered agent and office are:
	Bryan King
	(Name)
	10448 Peso Del Rio Drive
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)
_	Fort Myers, FL 33908 FL
	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.

S 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that The Lavon Two LLC is a New Hampshire limited liability company formed on August 6, 2013. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 29th day of April, A.D. 2015:

William M. Gardner Secretary of State TARY OF STATE