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## COVER LETTER

	ion of Corporatio	ns					
SUBJECT:	Two Bulls Investm	ent Group, LLC					
Name of Limited Liability Company							
		reign Limited Liability Comp ed to register the above refer					
Please return a	ll correspondence	concerning this matter to the	following:				
	Jonathan Gopt	nan					
	<del></del>	N	ame of Person				
	Akerman LLP						
	Firm/Company						
	9128 Strada Place, Suite 10205						
	Address						
	Naples, Florida	34108					
	<del></del>	City/S	tate and Zip Code	;			
	jonathan.gopma	n@akerman.com					
		E-mail address: (to be use	i for future annua	l report not	ification)	···	
For further inf	ormation concernir	g this matter, please call:					
Jonathan Gopman		239 at (	449-56	- "		N.3	
<del>- '</del>	Name o	of Contact Person	Area Code	Day	rtime Telephone Nur	nber .	
Divis Regis P.O. I Tallai	LING ADDRESS: ion of Corporation tration Section 30x 6327 nassee, FL 32314	S		Division Registrat Clifton B 2661 Exe	ecutive Center Circle see, FL 32301	RETARY OF STATE	TILED
	25.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy		☐ \$160.00 Filing ? of Status & Certifi	Fee Certifi	<b>₩</b>

## 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 RUSINESS IN THE STATE OF FLORIDA:

	SINESS IN THE STATE OF FLORIDA:	
1. Two Bulls Investment (	Group, LLC sign Limited Liability Company; must include "Limited Liability Company," "I	L.C. "or "LLC")
(mino ot 1 ore	ight Entition Statemey Company, must include Entition Entiting Company,	na, or allow y
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The all or "LLC.")	ernate name must include "Limited
2. Nevada	3. 45-4531189	<u> </u>
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if	applicable)
4. December 4, 201		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1002 East Newport Cer	nter Drive, Suite 200	
Deerfield Beach, Florid	ia 33442	
	(Street Address of Principal Office)	
6. 1002 East Newport Cen	ster Drive, Suite 200	<del></del>
Deerfield Beach, Florid	da 33442	
	(Mailing Address)	<del></del>
7. Name and street address	g of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	NRAI Services, Inc.	•
Office Address:	1200 South Pine Island Road	<b>A</b> S 21
	Plantation , Florida 33324	Ze o T
<b>7</b> 5	(City) (Zip	code)
Registered agent's accept Having been named as reg	ance: gistered agent and to accept service of process for the above stated lim	ited liability company at the place
designated in this applicat	ion, I hereby accept the appointment as registered agent and agree to	act in this capacity, I further agree ?
	ns of all statutes relative to the proper and complete performance of in position as registered agent.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NRAI Services, Inc.	12: 0 ORIC
	(Registered agent's signature) (Regi	——
& The name title of corne	city and address of the person(s) who has/have authority to manage is/ai	r <b>a</b> -
	East Newport Center Drive, Deerfield Beach, Florida 33442	<b>.</b>
	East Newport Center Drive, Deerfield Beach, Florida 33442	
	2 East Newport Center Drive, Deerfield Beach, Florida 33442	<u></u>
Titllora Contain, more 100	2 Date Temper Conter Diffe, Declined Dead, Horida 35442	
	of existence, no more than 90 days old, duly authenticated by the officia	
jurisdiction under the law o of the translator must be sul	if which it is organized. (If the certificate is in a foreign language, a tran	slation of the certificate under oath
or and aminimor files, 66 pg.		•
•	Signature of an authorized person	· .
This document is executed submitted in a document to	in accordance with rection 605.0203 (1) (b), Florida Statutes. I am awar the Department of State constitutes a third degree felony as provided for	e that any false information
	Seth Cohen	
•	Typed or printed name of signee	

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, TWO BULLS INVESTMENT GROUP, 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 25, 2015, and is in good standing in this state.



Certified By: Diana Speltz Certificate Number: C20151202-0143 You may verify this 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 December 2, 2015.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State