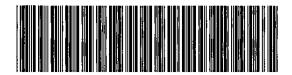
m15000010128

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				
,				

Office Use Only



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12/15/15--01005--022 **150.00

LECRETARY OF STATE
ALAHASSEE, FLORIDA

FILED

DEC 1 8 2015

3 MASON



December 16, 2015

CT CORPORATION

SUBJECT: TWO BROTHERS PLANTATION GROUP, LLC

Ref. Number: W15000080688

We have received your document for TWO BROTHERS PLANTATION GROUP, LLC and your check(s) totaling \$150.00. However, the document has not been filed and is being retained in this office for the following:

Can not be filed until conversion paperwork is corrected and resubmitted.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00026347

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

TWO BROTHERS PLANTATION GROUP, LLC

L12000125018

() Profit		
() Nonprofit		
() Foreign		
	() Amendment	() Merger
() Limited Partnership	_	
() LLC	() Dissolution/Withdrawal	() Mark
	() Reinstatement	
	() Annual Report	(X) Other
() Certified Copy	_	Conversion
,	() Name Registration	() UCC
() Call When Ready	() Fictitious Name	
(x) Walk In		() CUS
() Mail Out	() Photocopies	
	_	() After 4:30
Name	() Call If Problem	(x) Pick Up
Availability	() Will Wait	
Document		
Examiner	12/14/2015	Order#:
Updater		9805940
Verifier	KM .	
W.P. Verifier		Ref#:
		Amount: \$

COVER LETTER

	istration Section sion of Corporation	ns					
SUBJECT:	Two Brothers Plant	ation Group, LLC					
		Name of L	imited Liability (Company			
					nsact Business in Florida," Certificate of company to transact business in Florid		
Please return	all correspondence of	concerning this matter to the f	following:				
	Jonathan Gopn	nan					
		Na	me of Person		,		
	Akerman LLP						
Firm/Company							
	9128 Strada Pla	ace, Suite 10205					
			Address				
	Naples, Florida	34108	_				
		City/St	ate and Zip Code				
	jonathan.gopmar	•					
		E-mail address: (to be used	for future annual	report noti	fication)		
For further in	formation concernin	g this matter, please call:					
Jon-	athan Gopman		239 _ at (449-560			
	Name (of Contact Person	Area Code	Day	time 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					
	check for the follow 125.00 Filing Fee	ing amount:	☐ \$155.00 Filit Certified Copy		□ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS $_{\parallel}$ 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:

	SINESS IN THE STATE OF FLORIDA	4:					
1. Two Brothers Plantatio			ane a		W 0518		
(Name of Fore	eign Limited Liability Company; mu	ist include "Limited Li	ability Compa	iny," "L.L.C.	," or "LLC.	")	
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpos "or "LLC.")	se of transacting busine	ss in Florida.	The alternate	name mus	t include	"Limited
2. Nevada		3. 46-1813118					
(Jurisdiction under the law company is organized)	ction under the law of which foreign limited liability (FEI number, if applica						
4 December 4, 2							
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior t 5.0905, F.S. to determin	to registration. ne penalty liab	.) oility)			
5. 1002 East Newport Ce	nter Drive, Suite 200						
Deerfield Beach, Florid	da 33442						
	(Street Address of I	Principal Office)					
6. 1002 East Newport Cer	nter Drive, Suite 200						
Deersield Beach, Flori	da 33442					2815	
	(Mailing a	Address)			- 2 50		
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accep	stable)		N. IAI	DEC I	
Name:	NRAI Services, Inc.		_		335 0 7 7	S	m
Office Address:	1200 South Pine Island Road				L S	<u>></u>	
	Plantation		, Florida _	33324	ORIG ORIG	H: 0	
	(City)			(Zip code) Bui	_	
Registered agent's accep- Having been named as re-	tance: gistered agent and to accept serv	vice of process for ti	he above sta	ted limited i	liabilitv co	mpany (at the place
designated in this applica	tion, I hereby accept the appoint	tment as registered o	agent and ag	ree to act i	n this cape	welty. I_J	further agree
	ons of all statutes relative to the ny position as registered agent.	proper and complet	e performan	ice of my di	uties, and .	I am fan	niliar with ai
	NRAI Services, Inc	c.					
•	By:	tered agent's signature)	١				
	(ICB1st	icied agent s aignaidte)	,				
	city and address of the person(s)		•	ge is/are:			
Brad Cohen, MGR - 1002	East Newport Center Drive, Dee	erfield Beach, Florid	la 33442				
Seth Cohen, MGR - 1002	East Newport Center Drive, Dee	rfield Beach, Florida	a 33442				
Arnold Cohen, MGR - 100	22 East Newport Center Drive, D	Deerfield Beach, Flor	rida 33442			_	,
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 day	iys old, duly authenti ertificate is in a forei	cated by the	official hav , a translatio	ing custod on of the co	y of rece	ords in the under oath
	Signature	of an authorized perso	nn				
This document is executed	in accordance with section 605.0	•		n aware the	t any fales	informa	tion
	the Department of State constitu						104
	Seth Cohen	printed name of signes					
	Timed or o	APPROPRIATION APPROPRIATION AND INCIDENT					

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 BROTHERS PLANTATION 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 Secretary of State