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TWIST MODERN LLC

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то:		tration Section on of Corporation	ns					
SUBJEC		wist Modern LLC						
			Name of	Limited Liability (Company			
The encl Existence	losed " e, and	Application by For check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida," Certificate of company to transact business in Florida		
Please re	eturn a	Il correspondence	concerning this matter to the	following:				
		Walter R. Turr	er, Esq.					
		Name of Person						
	Wendel, Rosen, Black & Dean LLP							
	Firm/Company							
	1111 Broadway, 24th Floor							
	Address							
		Oakland, CA 9	4607					
	City/State and Zip Code							
		caperancher@gr						
			E-mail address: (to be used	for future annual	report not	ification)		
For furth	ner info	ermation concerning	g this matter, please call:					
	Walter R. Turner			510 at (834-66	00		
		Name o	of Contact Person	Area Code	Day	rtime 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		of Corporations ion Section uilding coutive Center Circle		
			ving amount: ☐ \$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

	TION (ALSONO), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO ISINESS IN THE STATE OF FLORIDA:	REIGN TIMITEL) LIABILTI	"; .
Twist Modern LLC				
(Name of Fore	ign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "U	uc."y	,	
(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transacting business in Florida. The alternate name r or "LLC.")	mist include "Lit	 milest	
2. Culifornia	, \$1-2036069			
(Jurisdiction under the law- company is organized)	of which foreign funited liability (FB number, if applicable)		**	
4. Not Applicable				
	(Date first fransacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 9832 Venezia Circle, #		~~#		
Naples, FL 34113	•	20	, CUD	
	(Street Address of Principal Office)	, S	APR	80.
6. 9832 Venezia Circle, #	1021	光光	- 20 -	
Naples, Fl. 34113		25		:
1 mp 103, 1 11 are 1 10	(Mailing Address)	1		.T44
7. Name and street addres	s of Florida registered agent. (P.O. Box NOT acceptable)	<u> </u>		r;11
	Michael Cape		9: 03	*4.
Name:	9832 Venezía Círcie, #1021	Om A	ယ	
Office Address;				
	Naples , Florida 34113 (City) (Zip code)			
Registered agent's accep-				
designated in this applicate to complywith the provision	gistered agent and to accept service of process for the above stated limited liability tion, I hereby accept the appointment as registered agent and agree to act in this c ons of all statutes relative to the proper and complete performance of my duties, a my position as registered agent:	rapacity. I furt	(her ágre)	e ud
	(Registred agent's signature)			
8. The name, title or capa Michael Cape Manage	ecity and address of the person(s) who has/have authority to manage is/are:			
9832 Venezia Circle, #103	managana a sant panana manananang panganananang pangan manananan sa Maganasan da Santan manah da 1998 ng ng manananang manananan da 1998 ng ng mananananan na 1998 ng ng ng mananananan na 1998 ng ng ng mananananan na 1998 ng	vielo 174 800		
Naples, FL 34113		····		

	of existence, no more than 90 days old, duly authenticated by the official having cus of which it is organized. (If the certificate is in a foreign language, a translation of the ibmitted) Signature of an authorized person	e certificate un	der aath	r.
	Signature of an authorized person			
	in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any fa the Department of State constitutes a third degree felony as provided for in s.817.15 Walter R. Turner	dse information		

Typed or printed imme of signee

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TWIST MODERN LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTY-FIRST DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TWIST MODERN LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

PM

11 300

5983905 8300 SR# 20162010467

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202076764

Date: 03-31-16