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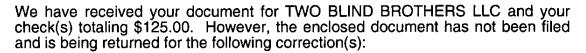
FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2016

CAROLINE KIMPFLER TIGER LILY CAPITAL, LLC 200 GARRETT STREET, SUITE O CHARLOTTESVILLE, VA 22902

SUBJECT: TWO BLIND BROTHERS LLC

Ref. Number: W16000083660



Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 416A00026622

COVER LETTER

Registration Section

Divis	ion of Corporations					
SUBJECT:	Two Blind Brothers, LLC	С				
bebuzeii _		Name o	f Limited Liability	Company		
					ransact Business in Florida," C ty company to transact busines	
Please return a	ll correspondence conce	rning this matter to the	e following:			
	Caroline Kimpfler					
		<u> </u>	Name of Person			,
	Tiger Lily Capital, L	LC				
		F	irm/Company			
	200 Garrett Street, St	uite O				
			Address			
	Charlottesville, VA 2	2902				
		City/S	State and Zip Code			
	caroline@tigerlilycap.c	com				
	E-ma	ail address: (to be use	d for future annua	report not	ification)	
For further info	rmation concerning this i	matter, please call:				
Caroli	ne Kimpfler		434 at (980-81		
 	Name of Cont	act Person	Area Code	Day	time Telephone Number	
Divisio Registi P.O. B	ing ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314			Division of Registratic Clifton Box 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	~	ount: 30.00 Filing Fee & ificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certified Status & Certified Copy	ficate

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:

Liability Company," "L.L.C		ose of transacting business in Florida. The	e alternate name n	nust in cl ud	e "Lim	itec
Delaware		3. 47-5511564				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number	, if applicable)			
08/29/2016	(Date first transacted busin	ness in Florida, if prior to registration.) 05.0905, F.S. to determine penalty liability				
21 Mercer Street, Apt.		5.0905, F.S. to determine penalty hability	y)			
New York, NY 10013			**			
		f Principal Office)				
21 Mercer Street, Apt.	4				17	
New York, NY 10013						-
	(Mailing	(Address)		2.	ىئ	ī
Name and street addres	ss of Florida registered agent: (P	P.O. Box NOT acceptable)		1-1/	î.	C
Name:	Corporation Service Company	<u>/</u>		وردند. این در	9	<u>ا</u>
Office Address:	1201 Hays Street				59	
	Tallahassee	, Florida 3236	01			
	(City)	, , , , , , , , , , , , , , , , , , , ,	Zip code)			
	nictored agant and to pasent can		итиен ни рину с	готрипу (ui iiic	
aving been named as req signated in this applicat complywith the provisio	ons of all statutes relative to the my position as registered agent.	atment as registered agent and agree proper and complete performance of	of my duties, and	d I am fai	furthe niliar	wit
aving been named as reg signated in this applicat complywith the provisio cept the obligations of n	tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent. (Regist	tment as registered agent and agree	of my duties, and	d I am fai	furthe niliar	wit
aving been named as reg signated in this applicat complywith the provision cept the obligations of n The name, title or capa	tion, I hereby accept the appoin ons of all statutes relative to the ny position as registered agent. (Regist	timent as registered agent and agree proper and complete performance of the proper and complete performance of the proper and complete performance of the property is signature). Who has/have authority to manage is	of my duties, and	d I am fai	furthe niliar	wit
aving been named as reg signated in this applicat complywith the provision cept the obligations of n The name, title or capa	tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist city and address of the person(s)	timent as registered agent and agree proper and complete performance of the proper and complete performance of the proper and complete performance of the property is signature). Who has/have authority to manage is	of my duties, and	d I am fai	furthe niliar	wit
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esignated in this applicate complywith the provision coupt the obligations of numbers. The name, title or capatradford Manning, Manag	citon, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Regist city and address of the person(s) ging Member, 21 Mercer Street, and f which it is organized. (If the ce	tered agent's signature) who has/have authority to manage is Apt. 4, New York, NY 10013	A Chech	d I am fai	further niliar	with the

Bradford Manning, Managing Member

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TWO BLIND BROTHERS 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016.

17 JAN -3 AM 10: 59

Authentic

Authentication: 203228697

Date: 10-26-16

5864170 8300 SR# 20166322211

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