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K. SALY AUG 24 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 359680 4612432 AUTHORIZATION : COST LIMIT : ORDER DATE : August 22, 2018 ORDER TIME : 10:29 AM ORDER NO. : 359680-005 CUSTOMER NO: 4612432 FOREIGN FILINGS NAME: THE TWO39 GROUP LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX ___ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

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:

THE TWO39 GROUP	LLC		
(Name of Foreign	Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or "LLC	C.")
			16 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ame adopted for the purpose of transacting business in I		(Lability Company, "E.L.C. or "LLC.)
2. Delaware Ourisdiction under the law of wi	high foreign limited liability company is organized)	3. 83-1655417	number, if applicable)
•			,
4. upon filing			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration) rmine penalty liability)	
5. 27586 Hickory Blvd.		6. same	
(Street Address of I	•	(Mailing	Address)
Bonita Springs, FL 34	134		<u> </u>
			転って
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	Corporation Service Company		世紀三〇
	1201 Have Street		794 · ·
Office Address:	1201 Hays Street		RIE 31
	Tallahassee	, Florida <u>32301</u>	
Danist and a series	(City)	(Zip	code)
Registered agent's accep	vance: gistered agent and to accept service of	I process for the above stated line	ited liability commany at the place
	tion, I hereby accept the appointment		
to comply with the provisi	ions of all statutes relative to the propo		
and accept the obligation.	s of my position as registered agent.	$\gamma \cdot \alpha \wedge \gamma$	Fmily Cons
	Corporation Service Company Sy:	mile (rolt	Emily Croft
	(Registered agent	's signature)	Emily Croft Asst. Vice President
8. The name, title or capa	acity and address of the person(s) who	has/have authority to manage is/an	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager/Member	Brian Samelson	Member	Alex Allen
	27586 Hickory Blvd.		19185 Cypress View Dr.
	Bonita Springs, FL 34134		Fort Meyers, FL 33967
Member	Cory Nilson		
Wichidel	9930 Estero Oaks Dr., Apt. 2	713	
	Fort Myers, FL 33967		
(Use attachments if neces	sary)		
	of existence, no more than 90 days old		
of the translator must be so	of which it is organized. (If the certific	ate is in a foreign language, a trans	station of the certificate under oath
of the translator mast be st			
	uted in accordance with section 605.02		
submitted in a document to	the Department of State constitutes a t	third degree felony as provided for	in s.817.155, F.S.
		D Sma.L	
	Signate	ure of an authorized person	
	Daine Complete Manage (MA)		
	Brian Samelson, Manager/Member		

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE TWO39 GROUP 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-SECOND DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE TWO39 GROUP LLC" WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2018.

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

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SECRETARY OF STATE
AND ARRESTS OF DRIDA



Authentication: 203294698

Date: 08-22-18

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