Division of Corporations

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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Two-Six Enterprises, LLC

| Certificate of Status | 1 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN PLORIDA

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: 1. Two-Six Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") (If same unavailable, enter afternote name adopted for the purpose of mercasoling business in Foreign The observation range pure include "Limited Liability Company." "LLLC," or "I LC.") (Junadiction males the law of whom foreign limited helvility company is areanized) (FEI mintbox, if applicable) (Thes first tressured business in Florida, if piper to regulation.) (See actions 605,0904 & 005,0905, F.S. to determine preadly inbillight 101 Montgomery Street, Ste 2800 8400 North University Drive, Suite 214 (Mailing Address) (Stress Address of Personal Office) Tamarac, FL 33321 San Francisco, CA 94104 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) cResidentAgent, Inc. Name: Office Address: 11380 Prosperity Farms Road #221E Palm Beach Gardens Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability compatity at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent-8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager Sony Michel 101 Montgomery Street, Ste 2800 San Francisco, CA 94104 (Use attrichments if necessary) 9. Attached is a cortificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. mere of an authorized person

Typed or pristed party of success

Sony Michel

Delaware The First State

Fage 1

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

DELAWARE, DO HEREBY CERTIFY "TWO-SIX ENTERPRISES, 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 FOURTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TWO-SIX ENTERPRISES, LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2019.

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

7303189 8300 5R# 20191733486

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

James of Barnet Section of State

Authentication: 202366501

Date: 03-04-19