

119000009987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

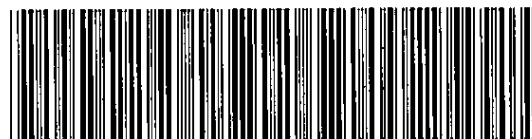
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/19--01021--014 **130.00

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2019 OCT -3 PM 3:40

D. BRUCE
OCT 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWO CENTURIES INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mikhail Samonov

Name of Person

Two Centuries Investments

Firm Company

35 Benjamin Rush Lane,

Address

Princeton NJ 08540

City/State and Zip Code

mikhail@twocenturies.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Mikhail Samonov

609

8651519

Name of Contact Person

Area Code

Daytime 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
2001 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.040, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TWO CENTURIES INVESTMENTS, LLC

(Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

2. Does the company intend to conduct business or perform contracting business in Florida? (The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

Yes

83-2360680

(If "Yes," attach a copy of the foreign company's certificate of incorporation or similar document)

(If "No," attach a copy of the foreign company's certificate of incorporation or similar document)

3.

(If the company is a foreign corporation, attach a copy of the certificate of incorporation or similar document, and a copy of the company's articles of incorporation or similar document, to determine penalty liability.)

38 Benjamin Rush Lane

Princeton NJ 08540

4. Name and street address of Florida registered agent (P.O. Box [] acceptable)

Name: Mike Fernandez

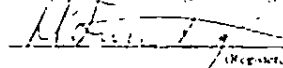
Office Address: 121 Alhambra Plaza, Floor 11

Coral Gables

Florida 33134

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.


(Registered agent's signature)

5. 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:

CFO

Mikhail Samonov

21 Alhambra Plaza, Floor 11
Coral Gables, FL 33134

President

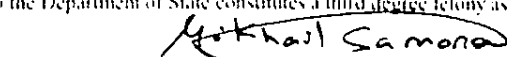
Mike Fernandez

21 Alhambra Plaza, Floor 11
Coral Gables, FL 33134

(Use attachments if necessary)

9. Attached is a certificate 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.


Signature of an authorized person

Mikhail Samonov

(Typed or printed name of officer)

2019 JUN 3 PM 4:40

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TWO CENTURIES INVESTMENTS, 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-NINTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TWO CENTURIES INVESTMENTS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2018.



7120206 8300

SR# 20196758019

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203499276

Date: 08-29-19