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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

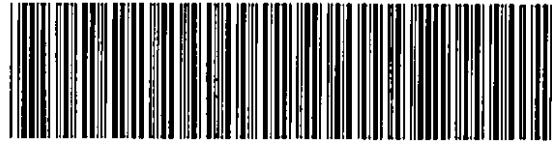
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two D Holdings, 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:

Dawn Greenkorn

Name of Person

Two D Holdings, LLC

Firm/Company

3260 Southshore Dr #63A

Address

Punta Gorda, FL 33955

City/State and Zip Code

Dawn.Greenkorn@TwoDHoldings.com

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

For further information concerning this matter, please call:

Dawn Greenkorn

812

585-0025

at ()

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
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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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**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person
of Two D Holdings, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
Wyoming
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Two D Holdings Florida, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)



Signature Authorized Person

10-26-2019

Date

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:

1. Two D Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Two D Holdings Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming 3. 83-2098183
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1718 Capitol Ave 6. 1718 Capitol Ave
(Street Address of Principal Office) (Mailing Address)

Cheyenne, WY 82001 Cheyenne, WY 82001

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

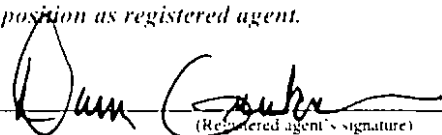
Name: Dawn Greenkorn

Office Address: 3260 Southshore Dr #63A

Punta Gorda, FL 33955
(City) (Zip code)

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)

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OF ARIZONA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: David Greenkorn
☐ Member Address: 3260 Southshore Dr #63A
☐ Authorized Punta Gorda, FL 33955
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Dawn Greenkorn
☐ Member Address: 3260 Southshore Dr 63A
☐ Authorized Punta Gorda, FL 33955
Person
☐ Other ☐ Other


☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Dawn Greenkorn

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.


Two D Holdings, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 2, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000822940**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of October, 2019 at 9:11 AM. This certificate is assigned 033202320.




Secretary of State