

M210000000400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

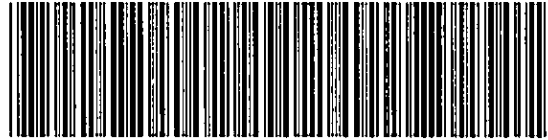
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APPROVED
AND
FILED
2020 NOV -1 PM 3:40
Clerk of Court

JAN 11 2021

K Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWO RIVER VENTURES 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:

GREG OCHOJSKI

Name of Person

TWO RIVER VENTURES LLC

Firm/Company

111 S PINEAPPLE AVE SUITE 619

Address

SARASOTA, FL 34236

City/State and Zip Code

gochojski@tworiverventures.com

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

For further information concerning this matter, please call:

GREG OCHOJSKI

Name of Contact Person

at

(732)

Area Code

539-1428

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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 RIVER VENTURES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/1/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 111 S PINEAPPLE AVE
(Street Address of Principal Office)

6. 111 S PINEAPPLE AVE
(Mailing Address)

SUITE 619

SUITE 619

SARASOTA, FL 34236

SARASOTA, FL 34236

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

Name: JOHN BARRI

Office Address: 111 S. PINEAPPLE AVE SUITE 619
SARASOTA, Florida 34236
(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.

John Barri
(Registered agent's signature)

APPROVED
AND
FILED
2020 NOV -1 PM 3:40

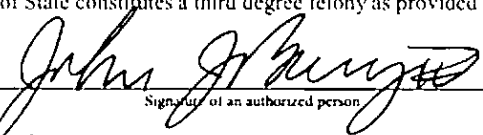
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>JOHN BARRI</u>	<input type="checkbox"/> Manager	Name:	<u>BARRY MOHR</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>3435 LA PALMA AVE</u>	<input checked="" type="checkbox"/> Member	Address:	<u>2431 LANDING CIRCLE</u>		
<input type="checkbox"/> Authorized		<u>SARASOTA, FL 34242</u>	<input type="checkbox"/> Authorized		<u>BRADENTON, FL 34209</u>		
Person	_____		Person	_____			
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____		
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____		
<input type="checkbox"/> Authorized		_____	<input type="checkbox"/> Authorized		_____		
Person	_____		Person	_____			
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____		
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____		
<input type="checkbox"/> Authorized		_____	<input type="checkbox"/> Authorized		_____		
Person	_____		Person	_____			
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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

JOHN BARRI
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "TWO RIVER VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019, AT 6:05 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TWO RIVER VENTURES, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019.

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

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

Jeffrey W. Bullock, Secretary of State

7298082 8315

SR# 20207046058

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

Authentication: 203586524

Date: 09-02-20