



202463917250

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**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**REGISTRATION**  
**OUT-OF-STATE LIMITED LIABILITY COMPANY**  
California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: 202463917250

Date Filed: 10/2/2024

Limited Liability Company Name	
Limited Liability Company Name	Two Hands LLC
California Alternate Name	TWO FISTS LLC
Jurisdiction	
Limited Liability Company is Formed in	WYOMING
Authority Statement	
This LLC currently has powers and privileges to conduct business in the state, foreign country or other jurisdiction entered above.	
Street Address of Principal Office of LLC	
Principal Address	1824 STEVELY AVENUE LONG BEACH, CA 90815
Mailing Address of LLC	
Mailing Address	5830 E 2ND ST, STE 7000 #16755 CASPER, WY 82609
Attention	
Street Address of California Office of LLC	
Street Address of California Office	1824 STEVELY AVENUE LONG BEACH, CA 90815
Agent for Service of Process	
Agent Name	Michael Walton
Agent Address	1824 STEVELY AVENUE LONG BEACH, CA 90815
Consent to Service of Process	
<p>The Secretary of State is appointed as the agent of the foreign (out-of-state) limited liability company for service of process if the agent has resigned and has not been replaced or if the agent cannot be found or served with the exercise of reasonable diligence.</p> <p>Consent to service of process extends to service of process directed to the foreign (out-of-state) limited liability company's agent in this state for a search warrant issued pursuant to California Penal Code section 1524.2, or for any other validly issued and properly served search warrant, for records or documents that are in the possession of the foreign (out-of-state) limited liability company and are located inside or outside of this state. This shall apply to a foreign (out-of-state) limited liability company that is a party or a nonparty to the matter for which the search warrant is sought. For purposes of this consent "properly served" means delivered by hand, or in a manner reasonably allowing for proof of delivery if delivered by United States mail, overnight delivery service, facsimile, or any other means specified by the foreign (out-of-state) limited liability company, including email or submission via an Internet Web portal, the foreign (out-of-state) limited liability company has designated for the purpose of service of process.</p>	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the out-of-state LLC.	
Michael Walton	10/02/2024
Signature	Date

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,


**TWO HANDS LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 19, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001476560**.

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 23rd day of September, 2024 at 2:05 PM. This certificate is assigned ID Number 076530924.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.