(Requestor's Name)	
(Address)	400302713
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	08/22/1701025
(Business Entity Name)	;
(Document Number)	
Certified Copies Certificates of Status	
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S. WARREN NOV 08 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2017

LEWIS E CONNOR JR 5135 US HWY 19, SUITE 140 NEW PORT RICHEY, FL 34652

SUBJECT: BEYOND LIMITS INVESTING, LLC

Ref. Number: W17000069720

We have received your document for BEYOND LIMITS INVESTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 517A00017457

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: BOYOND LIMITS LAUGSTING 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:				
Name of Person				
BEYOND CIMITS INVESTING LLC Firm/Company				
5/35 US HWY 19 SUITE 190				
NEW PORT RICHEY FL 34652 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
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:  \$\Begin{array}{c} \precedent \text{\$125.00 Filing Fee} & \precedent \text{\$130.00 Filing Fee} & \precedent \text{\$155.00 Filing Fee} & \precedent \text{\$160.00 Filing Fee}, Certificate of Status & Certified Copy \end{array}  Certificate of Status & Certified Copy	te			

APPLICATION BY FOREIG	N LIMITED LIABILITY CON IN FI	4PANY FOR AUTHORIZATIO ORIDA	ON TO TRANSACT BUSINESS
IN COMPLIANCE WITH SECTION 60 COMPANY TO TRANSACT BUSINESS	5.0902, FLORIDA STATUTEN, THE F INTHE STATEOF FLORIDA:	OLLOWING IS SUBMITTED TO REGI	STER A FOREIGN EIMITED LIABILITY
1. Name of Foreign Limited	Inbility Company; must include "Limite	TADESTING d Liability Company," "LLC.," or "LLC	3,220
2. (Jurisdiction under the law of which foreign	DEXICO	3.	.iability Company," "L.I. C." or "L.I.C.") mber, if applicable)
4. (Date (See	ONE  First transacted business in Florida, if prior to a sections 605,0904 & 605,0905, F.S. to determine	egistration ) se penalty liability)	
5. 745 711) bE/ (Street Address of Principal Of		6. S/35 U. (Mailing A. SUITE NOW PORT	190
7. Name and street address of Flor			<u> </u>
Name: <u>Co</u> Office Address: 5/	4015 E CONN 35 US HW	DCDr N 10 Sweet	NOV F
Ne	TW PORT RICH	1419 SUITE DEX Florida 390	6527
designated in this application, I he to comply with the provisions of a and accept the obligations of my p	u statutes relative to the proper a	and complete performance of my	duties, and I am familiar with
8. The name, title or capacity and Title or Capacity:	address of the person(s) who has. Name and Address:	have authority to manage is/are:	Name and Address:
MANAGER-TREASURER	Lewis E Connuisoric is Solte 1209 Belmont Co. 99	08 0A y 00 Z	
<u> </u>			
(Use attachments if necessary)			
<ol> <li>Attached is a certificate of exister jurisdiction under the law of which of the translator must be submitted)</li> </ol>	it is organized. (If the certificate i	aly authenticated by the official hat is in a foreign language, a translat	iving custody of records in the ion of the certificate under oath
10. This document is executed in ac submitted in a document to the Department to the	artificant of State constitutes a third	I) (b), Florida Statutes. I am awar degree felony as provided for in	e that any false information s.817.155, F.S.
	Sterris (= 1001h	Connor jon	

# OFFICE OF THE SECRETARY OF STATE NEW MEXICO

### Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

# Beyond Limits Investing, LLC 5420997

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

### **Limited Liability Company Act**

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on April 21, 2017, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: October 26, 2017

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

TYPE STATE OF THE STATE OF THE

Maggie Toulouse Oliver Secretary of State

Certificate Validation #: 0015829

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.