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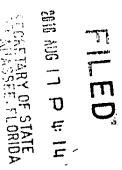
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Cer-J. W14- 53517

Office Use Only



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S. Warren AUG 1 8 2013



August 2, 2016

ALEXANDER MIZAN 1241 N. FAIRFAX AVE, APT. 14 WEST HOLLYWOOD, CA 90046

SUBJECT: INSPIRING EVOLVING MINDS, LP

Ref. Number: W16000053517

We have received your document for INSPIRING EVOLVING MINDS, LP and your check(s) totaling \$1008.75. 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: 116A00016214

ALEXANDER MIZAN
INSPIRING EVOLVING MINDS, LP
1241 N FAIRFAX AVE, APT 14
WEST HOLLYWOOD, CA 90046
TEL: 646-286-4332

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

AUGUST 10, 2016

REF NUMBER: W16000053517

2016 NUG 18 PM 2: 53

In reply to your letter, we have requested and received ORIGINAL AND RECENT Certificate of Good Status from the California Secretary of State which we are attaching herein to complete our filing per your instructions in a timely manner.

Please confirm this filing has been completed and send us required documents.

Her

Sincer

COVER LETTER

TO:

Registration Section

Division of Corporations

INSPIRING EVOLVING MINDS, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

ALEXANDER MIZAN

Contact Person

INSPIRING EVOLVING MINDS, LP

Firm/Company

1241 N FAIRFAX AVE, APT 14

Address

WEST HOLLYWOOD, CA 90046

City, State and Zip Code

AMIZAN@AUDIOBEAM.COM

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

For further information concerning this matter, please call:

ALEXANDER MIZAN

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$1,000.00 Filing Fees (\$965 Filing Fee and

\$35 Registered Agent

Fee)

\$1,008.75 Filing Fees and Certificate of

Status

☐ \$1,052.50 Filing Fees

and Certified Copy

☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

PERSON PROPERTY

沼色进

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, INSPIRING EVOLVING MINDS, LP

ity Limited Partnership, which must include suffix) ip, Limited, L.P., LP, or Ltdimited Liability Limited Partnership, L.L.L.P. or LLLP. ORNIA, LP
ship or limited liability limited partnership proposes to register to transact; must contain acceptable suffix.
3.09/23/2015
Date of Formation
570 D
Florida Street Address:
of the state of th
agree to act in this capacity. I further agree to comply with the provisions nance of my duties, and I am familiar with and accept the obligations of e of Registered Agent
8. Mailing Address:
1125 NE 125TH STREET, STE 303
MIAMI, FL 33161
tnership, check box .
of each general partner:
Name of General Partner:
Street Address:
Mailing Address:
Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner	rage	Name of General Pa	artner:
Traine of General Latinot.		1140 01 00	
Street Address:		Street Address:	
		_	
Mailing Address:		Mailing Address:	
		_	·
11 Effective date, if other than	the date of filing: 7/20/2016		
(Effective date cannot be prior to	nor more than 90 days after the da	te this document is fi	led by the Florida Department of State.)
			o the delivery of this application to the the entity's records in the jurisdiction under
Signed this 20TH	day of JULY	_{,20} <u>2016</u>	<u>.</u>
	Signature of a	a general partner	

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



State of California

Secretary of State

CERTIFICATE OF STATUS

4

ENTITY NAME: INSPIRING EVOLVING MINDS LP

FILE NUMBER:

201526800012

FORMATION DATE:

09/23/2015

TYPE:

DOMESTIC LIMITED PARTNERSHIP

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 5, 2016.

ALEX PADILLA
Secretary of State