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SECRETARY OF STATE TALLAHASSEE.FLORIDA

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## **COVER LETTER**

TO: New Filing Section  Division of Corporations
SUBJECT: Expectations & BRYOND INC. (Name of corporation - must include suffix)
Dear Sir.or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Hillary Johnston (Name of Person)
(Name of Person)
Expectations & Beyond, Inc.
S39 Myshi (Nasa) St. (Address)  (asselberry, FL 32707 (City/State and Zip code)
(Address)
asselberry, FL 32707
(City/State and Zip code)
For further information concerning this matter, please call:
Hillary Johnston at (407) 595-1235 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  \$70.00 Filing Fee \$\$ \$78.75 Filing Fee \$\$ Certificate of Status Certified Copy  Certificate of Status Certified Copy  Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Expectation: must include "INCORPORATED" "COMPANY" "CORPORATION"

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
Bound Exportations Tue		
Beyond Expectations, Juc.  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busin	ess in Florida)	
2. New York 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)	*	
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
8-9-N/a		
4. 8-9-06 (Date of incorporation)  5. per per tual (Duration: Year corp. will cease to exist or	a (faranca fara 149)	
(Date of incorporation) (Duranon, rear corp. will cease to exist o	r perpetuat $\mathcal{F}_{\mathcal{A}_{i}}$	
6.	. 1	
(Date first transacted business in Florida, if prior to registration)	<del></del>	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7 520 Mucho Manda St Coscal March Fr 3220		
7. 539 Mystz Woods 5+, Casselborry, FC 32707 (Principal office address)	*****	
(1 morphi omov dudioso)	,	
SAME		
(Current mailing address)	, ´	
8		
8(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	7 <sub>0</sub> 2	
		;
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	SECRETA	
11:11a +10 x 100	AZ C	etmeine ,
Name: HIOVY JOHNSTON	RY SER	Francisco
Name: Hillary JUNNSton  Office Address: 539 Mystic Wood	m⊆ -b	
(City)  Conice Address:  (Cossel Bern Florida 32707 (City)  (Zip code)	PH OF S	(cyerawa)
(asselbein Florida 32707	유글 ?	Carred,
(City) (Zip code)	<u>5</u>	
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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registeret agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
R OFFICERS
President: Hillary Johnston  Address: 539 Mystz Wood  (USSelberry, FL 32707)
Address: 539 Mystz Wood
(asselberry, FL 32707
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. Hillary Johnston-PRES
(Typed of printed name and capacity of person signing application)

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EXPECTATIONS & BEYOND INC. was filed on 08/09/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of November two thousand and six.

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Special Deputy Secretary of State