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(Address)

(Address)

(City/State/Zip/Phone #)

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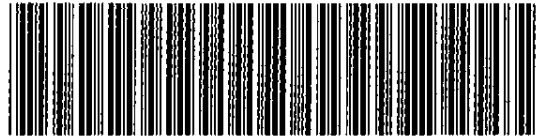
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09 APR -3 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Limitless Vistas, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Ms. Katie Ballew
(Name of Person)

Limitless Vistas, Inc.
(Firm/Company)

3655 Maguire Blvd., Suite 150
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Ms. Katie Ballew at (407) 896-8608
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS
IN THE STATE OF FLORIDA:*

1. Limitless Vistas, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Louisiana 3. 75-3213594
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 26, 2006 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1215 Prytania Street, Suite 370; New Orleans, LA 70130
(Principal office address)

same as above
(Current mailing address)

8. Disadvantaged Youth - Environmental Job Training
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: ERIK RANGE

Office Address: 9441 Turkey Oak Bend

Orlando, Florida 32817
(City) (Zip Code)


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -3 AM 7:45

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AND
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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.


(Registered 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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Earl Smith, CPCU and CLU

Address: 613 Hanson Avenue

Kenner, LA 70062

Vice Chairman: Anthony Gabriel

Address: 3200 Albert Street

New Orleans, LA 70131

Director: Matilda Tennessee

Address: 1215 Prytania Street, Ste. 370

New Orleans, LA 70130

Director: _____

Address: _____

B. OFFICERS

President: Earl Smith, CPCU and CLU

Address: 613 Hanson Avenue

Kenner, LA 70062

Vice President: Anthony Gabriel

Address: 3200 Albert Street

New Orleans, LA 70131

Secretary: Rona Marshall

Address: 1217 S. Salcedo; New Orleans, LA 70125

Treasurer: Gerald Burton, CPA

Address: 309 Wall Blvd., Gretna, LA 70056

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Matilda Tennessee
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Matilda Tennessee, Director
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana

Jay Dardenne
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
the Articles of Incorporation of

LIMITLESS VISTAS

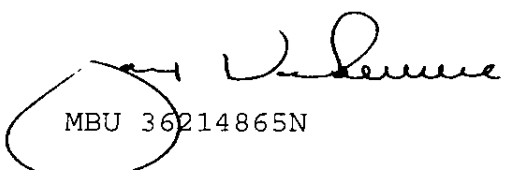
Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation
was issued on June 26, 2006,

I further certify that no Certificate of Dissolution has
been issued.

*In testimony whereof, I have hereto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

March 27, 2009


MBU 36214865N

Secretary of State

