F15000005209

(Requestor's Name)	E
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	ē ķ
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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SECREDARY OF STATE
TALLAHASSEE, FLORIN

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COVER LETTER

TO: R	egistration Secti-	on				
D	ivision of Corpo					
		mpetition Inc				
SUBJEC	CT:	NI	<u> </u>		. 1 . 2	
		Name o	or corporation	- must	include suffix	
Dear Sir o	or Madam:					
"Certifica		or "Certificate	of Good Stan	ding" a	nd check are subn	t Business in Florida," nitted to register the
Please ret Ruth LaVi	urn all correspon gne	dence concerni	ng this matter	to the f	ollowing:	
			Name of I	Person		
Accounting	g Pros					
			Firm/Com	manti		
	nan Dr, Ste. 105		rimiconi	pany		
			Addre	SS		
	Springs, CO 80918					
	ingpros.com		City/State ar	nd Zip c	ode	
	<u> </u>	E-mail address:	(to be used f	or futur	e annual report no	otification)
For furthe	r information co				•	ŕ
Ruth LaVigne		719 282-04				
N	lame of Person	·	at (Area Code	_)	Daytime Telepho	one Number
STREET/COURIER ADDRESS:				MAILING ADDRESS:		
Registration Section				Registration Section Division of Corporations		
Division of Corporations Clifton Building					P.O. Box 6327	porations
2661 Executive Center Circle					Tallahassee, FL	32314
1777 - Ta	allahassee, FL 32	2301				
Enclosed i	s a check for the	following amou	unt:			
•		\$78.75 Filing		\$78.75	Filing Fee &	■ \$87.50 Filing Fee,
		Certificate of	f Status	Certifi	ed Copy	Certificate of Status & 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.	Kill Your Comp	petition Inc.				
		corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"			
	Beat Your Com	petiton Inc				
	(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting by	usiness ir	Flori	da)
	Colorado	4'	7-3567305			
2.		3				
	03/30/2015	ry under the law of which it is incorporated)	(FEI number, if applic			
4.		5				
	(Date	e of incorporation)	(Date of duration, if other than	n perpetu	al)	
6.						
		(Date first transacted business in F	lorida, if prior to registration)			
		(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)			
	5295 Lehman Dr.	Ste, 105, Colorado Springs, CO 80918		⊋ un		
7				77 (*) (*)	ဟ	
	6206 I ahaaa Da		office address)	건조	A0N	٠
,	6295 Lenman Dr	Ste, 105, Colorado Springs, CO 80918		15.4 4.13 4.13	2	*****
-		(Current mailing	address, if different)		+	1
		, , , , , , , , , , , , , , , , , , ,	,		2	1
				71	٠.	į, 16-7
8.	Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	LOR	: 2	*e.co
		Jason Reyna		- <u>2</u> 4	COU	
	Name:		<u> </u>	<u> حر</u> ز		
~ ~	W 4 11	734 Andover Cir				
On	fice Address:		_			
		Winter Springs	32708			
		(C:F-)	, Florida			
		(City)	(Zip code)			

9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Jason Reyna Chairman: 734 Andover Cir Address: Winter Springs, FL, 32708 Vice Chairman: Address: Ruth LaVigne Director: 6295 Lehman Dr. Ste 105 Address: Colorado Springs, CO 80918 Director: Address: ___ **B. OFFICERS** President: Address: 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 The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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. Ruth LaVigne 13. ____ (Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Kill Your Competition Inc

is a

Limited Liability Company

formed or registered on 03/12/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151176822.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/13/2015 that have been posted, and by documents delivered to this office electronically through 11/16/2015 @ 16:58:58 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/16/2015 @ 16:58:58 in accordance with applicable law.

This certificate is assigned Confirmation Number 9376688



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a

Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://

www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."