

# FILED 000000562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

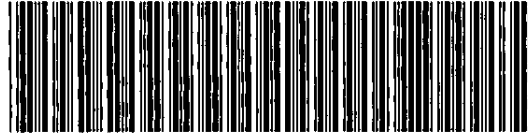
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 FEB -8 P 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 09 2016  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**Beyond The Reef, Inc.**

**SUBJECT:** \_\_\_\_\_  
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," or "Certificate of Good Standing" 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:**

**William Grippo**

Name of Person

## Tropical FantaSeas

Firm/Company

3965 Investment Lane, Suite A-4

## Address

West Palm Beach, FL 33404

City/State and Zip code

office@tropicalfantaseas.net

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

**For further information concerning this matter, please call:**

William Grippo at ( 561 ) 588-6200

Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER 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

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 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.*

Beyond The Reef Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Tropical FantaSeas INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 46-1305516  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 29, 2012 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1569 Southgate Road, Bartlett, Illinois 60103  
(Principal office address)

205 W Golf Rd, Schaumburg, IL 60195

(Current mailing address, if different)

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

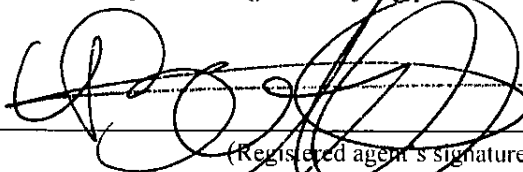
Name: William Grippo

Office Address: 3965 Investment Lane, Suite A-4

West Palm Beach 33404  
(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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Amarnath Nuggehalli

Address: 1569 Southgate Road,  
Bartlett, Illinois 60103

Vice President: \_\_\_\_\_

Address: 1569 Southgate Road,  
Bartlett, Illinois 60103

Secretary: Amarnath Nuggehalli

Address: 1569 Southgate Road, Bartlett, Illinois 60103

Treasurer: Amarnath Nuggehalli

Address: 1569 Southgate Road, Bartlett, Illinois 60103

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

12. \_\_\_\_\_

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.

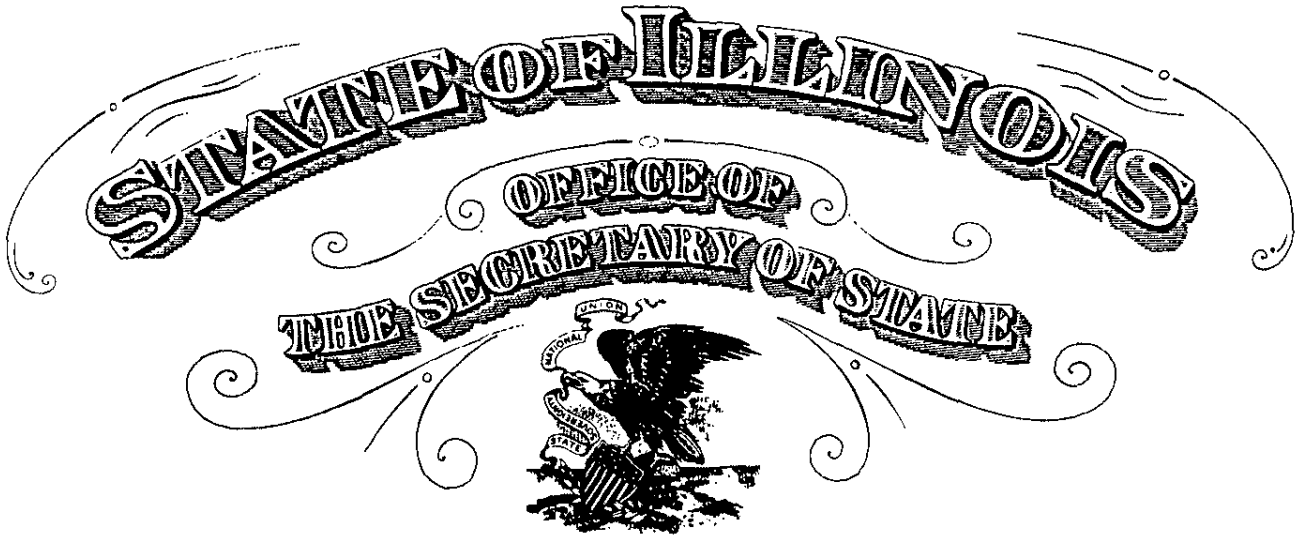
13. Amarnath Nuggehalli, President

(Typed or printed name and capacity of person signing application)

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2016 FEB - 8 P 11 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

6874-269-2



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BEYOND THE REEF, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 20TH  
day of JANUARY A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE