F23000006084

(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:						

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W23-145201

40



October 24, 2023

CSC

Please give original submission date as file date.

SUBJECT: BEYOND HOSPITALITY GROUP INC.

Ref. Number: W23000145201

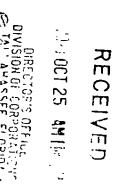
We have received your document for BEYOND HOSPITALITY GROUP INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

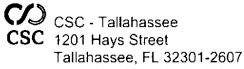
Must list the titles for all individuals in section eleven (11).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

Letter Number: 123A00024677





850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 10/23/23 Order #: 1294080-1

Re: Beyond Hospitality Group Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

AUTH:

null blenan Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

_			opted for the purpose of transacting	business in Flori	da)
Delaware (State or country under the law of which it is incorporated)		3	93-2748372		
(State or country under the law of which it is incorporate		orated)	(FEI number, if appli	-	
Au	gust 4, 2023 c of incorporation)	5,			
(Dati	of incorporation)		(Date of duration, if other tha	in perpetual)	
Upon fil			 		
			lorida, if prior to registration) , F.S., to determine penalty liability)		
Two Bala	a Plaza, Suite 300, Ba	ala Cyn	wyd, PA 19004		
			street address)		_
·					
	(Curre	ent mailing a	ddress, if different)	<u> </u>	_
Jume and street	et address of Florido maintened on	omti (B.O. T	Down NOT accountable)		70.7
Name and <u>street address</u> of Florida registered agent: (P.O. Name: Corporation Service Comp					2023 OCT
Name:		Compa	<u>arry</u>		:
fice Address:	1201 Hays Street				25
	Tallahassee		, Florida 32301 (Zip code)		7
	(City)		(Zip code)	•	<u>:-</u>
}eøistered sø	ent's acceptance:				23
	sed as registered agent and to acci	ept service i	of process for the above stated c	orporation at ti	he pla
enated in this	application, I hereby accept the a	appointmen	it as registered agent and agree tive to the proper and complete j	to act in this ca	pacit
5					

^{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.

A. DIRECTORS							
□Chairman	Name: Vivienne Bervoets		□ Chairman	Name: Jaime Byrom			
☐Vice Chairman	Address: Two Bala Plaza, Suite 300	004	□Vice Chairman □Director	Address: Two Bala Plaza, Suite 300			
□President	Bala Cynwyd, PA 19	00 4	President	Bala Cynwyd, PA 19004			
□Vice President			□Vice President				
Xi Secretary Chief A	☐Treasurer Administration Officer ☐Other		Secretary Mother <u>CEO</u>	☐ Treasurer			
□ Chairman □ Vice Chairman ☑ Director	Name: James Byrom Address: Two Bala Plaza, Suite 300		☐Chairman ☐Vice Chairman ☐Director	Name: Michael Kelly Address: Two Bala Plaza, Suite 300			
☐ President	Bala Cynwyd, PA 19	004	□President	Bala Cynwyd, PA 19004			
☐ Vice President			□Vice President				
☐ Secretary ☐ Other	☐ Treasurer ☐ Other		Chief R	X)Treasurer Levenue Officer ☐ Other			
□ Chairman	Name:		□ Chairman	Name:			
□Vice Chairman	Address:		□Vice Chairman	Address:			
□Director			□Director				
☐ President			□President				
□Vice President			☐ Vice President				
Secretary	☐ Treasurer		Secretary	☐ Treasurer			
Other	Other		□ Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer							
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in ralse information submitted in a document to the I Kelly, Chief Revenue Officer	Departo	nent of State constitu	hat the facts stated herein are true and that he or utes a third degree felony as provided for in			

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEYOND HOSPITALITY GROUP INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEYOND HOSPITALITY GROUP INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/auth

Authentication: 204419581

Date: 10-20-23

7607985 8300 SR# 20233781S90

You may verify this certificate online at corp.delaware.gov/authver.shtml