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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

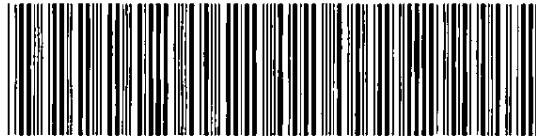
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. LEMIEUX
DEC 11 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Limitless Legacy LLC
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:

Leila Tomasone

Name of Person

Limitless Legacy LLC

Firm/Company

7524 Red Crane Lane

Address

Jacksonville FL 32256

City/State and Zip code

leilatomasone@gmail.com

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

For further information concerning this matter, please call:

Leila Tomasone at (540) 282-8834
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

Please make check payable to: **PROBATE AND ESTATE DIVISION** of **STATE**

\$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.

1. Limitless Legacy LLC

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

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

2. Virginia 3. 852539837

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/19/19 5.

(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 7524 Red Crane Lane, Jacksonville, FL 32256
(Principal office street address)

(Current mailing address, if different)

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

Name: Derek Tomasone

Office Address: 7524 Red Crane Lane

Jacksonville, Florida 32256
(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.

Derek Tomasone

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Leila Tomasone

Vice Chairman Address: 7524 Red Crane Lane

Director Jacksonville, FL 32256

President

Vice President

Secretary Treasurer

Other Other

Chairman Name:

Vice Chairman Address:

Director

President

Vice President

Secretary Treasurer

Other 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

Chairman Name:

Chairman Name:

Vice Chairman Address:

Vice Chairman Address:

Director

Director

President

President

Vice President

Vice President

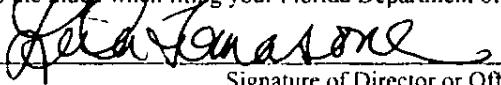
Secretary Treasurer

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

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. Leila Tomasone, CEO/Director

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

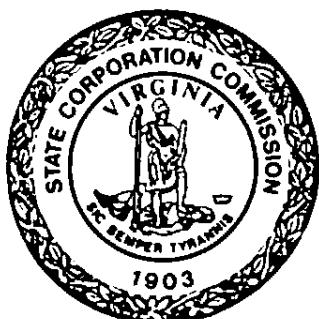
I Certify the Following from the Records of the Commission:

That Limitless Legacy, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on December 19, 2019; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 31, 2024

A handwritten signature of Bernard J. Logan.

Bernard J. Logan, Clerk of the Commission