

L04000058372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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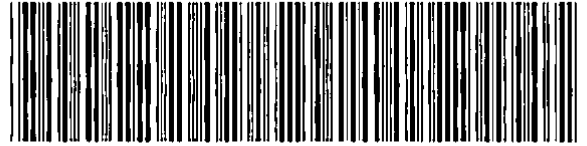
(Business Entity Name)

(Document Number)

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DATE: 7/22/19

NAME: GO BEYOND LLC

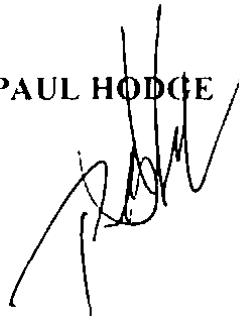
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Go Beyond, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terrell C. Madigan

Name of Person

Madigan Law Firm, P.L.

Firm/Company

Post Office Box 10321

Address

Tallahassee, FL 32302

City/State and Zip Code

tmadigan@madiganlawfirm.com

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

For further information concerning this matter, please call:

Terrell C. Madigan

Name of Person

850

Area Code

224-8623

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: GO BEYOND, LLC.

SECOND: The Florida Document Number of the limited liability company is: 1.04000058372

THIRD: The street address of the limited liability company's principal office is:

323 REX PLACE, APT H, MADEIRA BEACH, FLORIDA 33708

The mailing address of the limited liability company's principal office is:

4860 COX ROAD, # 200, GLEN ALLEN, VIRGINIA 23060

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

May execute an instrument transferring real property held in the name of the company.

1. Granted to: **Lisa Olds**
1505 NW 33rd Place
Cape Coral 33993
(772) 204-4568

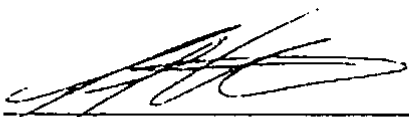
2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

Granted to: **Lisa Olds**
1505 NW 33rd Place
Cape Coral 33993
(772) 204-4568

This statement of authority is granted pursuant to company Resolution #2019-1, effective July 20, 2019, a true copy of which is also in the possession of the company attorney:

Terrell C. Madigan, Esq., Madigan Law Firm, P.L.
215 East Tharpe Street, Tallahassee, FL 32303
(Post Office Box 10321, Tallahassee, FL 32302)
(850) 224-8623 tmadigan@madiganlawfirm.com


Jason Stamm, member and authorized
representative of Go Beyond, LLC.


Allan Stamm, member and authorized
representative of Go Beyond, LLC.

FILED
19 JUL 22 PM 10:00
TALLAHASSEE, FLORIDA