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## **COVER LETTER**

	tion Section of Corporations	<b>3</b>					
SUBJECT:	E	SEYOND PROPE Name of L	ERTY SOL	UTI ipany	ONS, LLC		
					sact Business in Florida," Certificate of company to transact business in Florida		
Please return all co	orrespondence co	oncerning this matter to the f	following:				
		Jorg Na	me of Person				
		Fir	т/Сотрапу				
11321 Mallory Square Dr Apt. 202 Address							
Tampa, FL 33635 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further inform	ation concerning	this matter, please call:					
	Jorge Name of	Claudio Contact Person	at ( <u>8/3</u> )	573 Daytin	ne Telephone Number		
Division Registrate P.O. Box	G ADDRESS: of Corporations ion Section 6327 ee, FL 32314		Div Reg Cli 266	ivision of egistration ifton Bui 61 Execu	ADDRESS: Corporations In Section Iding Lutive Center Circle 2, FL 32301		
Enclosed is a chec \$125.0		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fe		□ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

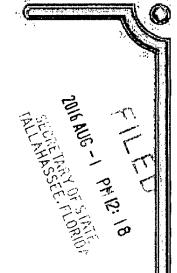
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN EL ORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Beyond Property Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Faragina Limited Lightlity Company) must include "Limited Lightlity Company" "L.C." or "L.C."
(Name of Poteign Eminted Liability Company, must include Eminted Liability Company. L.E.C., of EEC. )
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "L.L.C.")
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 11321 Mallory Square Dr Apt. 202
Tampa FL 33635 (Street Address of Principal Office)
(Street Address of Principal Office)
(Street Address of Principal Office)  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Jorge Claudo
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jorge Claudio
Name: Jorge Claudio  Office Address: 11321 Mallory Square Dr Apt 202  Tampa , Florida 33635  (City) (Zip code)
Tampa , Florida 33635
(City) (Zip code)  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)
<b>V</b>
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Jorge Claudio, Manager
Jorge Claudio, Manager  11321 Mallory Square Dr Apt 202  Tampa FL 33635
Tampa FL 33635
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
Fignature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.
Torge Claudio, Manager  Typed or printed name of signee







## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BEYOND PROPERTY SOLUTIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 11, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 19, 2016.

Barbara K. Cegavske

Barbara K. Cegavske

Secretary of State

Electronic Certificate
Certificate Number: C20160719-2205
You may verify this electronic certificate
online at http://www.nvsos.gov/