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| (Re | equestor's Name) | | | | | |
|-------------------------|---------------------------------------|------|--|--|--|--|
| (Ad | ldress) | | | | | |
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| (Cit | ty/State/Zip/Phone | · #) | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | rtified Copies Certificates of Status | | | | | |
| Special Instructions to | Filing Officer | | | | | |
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DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2017

ADRIAN MIDDLETON, ESQ. MIDDLETON & MIDDLETON, P.A. 1469 MARKET STREET TALLAHASSEE, FL 32312

SUBJECT: ABOVE AND BEYOND RESTORATION LIMITED LIABILITY

COMPANY

Ref. Number: W17000022704

We have received your document for ABOVE AND BEYOND RESTORATION LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

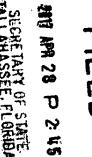
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 317A00005076



COVER LETTER

| то: | Registration Section Division of Corporation | 18 | | | | | | |
|--|--|---|---|----------|---------------------------|----------|--------|---------|
| SUBJI | Above and Beyond | Restoration | | | | | | |
| | | Name of I | Limited Liability C | Company | | | _ | |
| | | eign Limited Liability Comp d to register the above refere | | | | | | |
| Please | return all correspondence o | concerning this matter to the | following: | | | | | |
| | Nathaniel Mille | er | | | | | | |
| | . | Na | ame of Person | | | | | |
| Above and Beyond Restoration | | | | | | | | |
| Firm/Company | | | | | | | | |
| 15416 Beckley Hills Dr. | | | | | | | | |
| Address | | | | | | | | |
| | Louisville,KY | 40245 | | | | LL AH | # £183 | 77 |
| Toonycee visions.com | | | | | | ₹28 P | FILED | |
| For further information concerning this matter, please call: | | | | St 2 | * | | | |
| | Nathaniel Miller | | 502 at (| 432-93 | 10 | | | |
| | Name o | of Contact Person | Area Code | Day | time Telephor | ne Numbe | r | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| Enclos | ed is a check for the follow \$125,00 Filing Fee | oing amount: \$\int \frac{1}{3130.00} \text{ Filing Fee & Certificate of Status} | □ \$155.00 Filin Certified Copy | ng Fee & | ☐ \$160.00 of Status & | | | ficate) |

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 186710

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Above and Beyond Restoration Limited Liability Company

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 12, 2016 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 1st day of March, 2017, in the 225th year of the Commonwealth.

E STATION OF THE STATE OF THE S

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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