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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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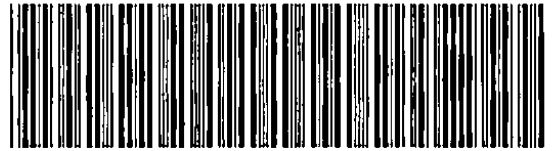
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TO: Registration Section
Division of Corporations

SUBJECT: Beyer Collections, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in

Please return all correspondence concerning this matter to the following:

Cynthia M. Beyer
Name of Person

Beyer & Associates, LLC
Firm/Company

12381 E. Connell Ave.
Address

Aurora, CO 80014
City/State and Zip Code

Cynthia E. Parkiny Attorney. Co
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia M. Beyer at (303) 649-0759
Name of Contact Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

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

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT
IN FLORIDA

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:

1. Beyer & Associates, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Beyer Collections, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado 3. 83-2670121
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-19-2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12381 E. Cornell Ave 6. 12381 E. Cornell Ave
(Street Address of Principal Office) (Mailing Address)

Aurora, CO 80014 Aurora, CO 80014

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, FL 33470
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the 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.

Patricia Reyes on behalf of
(Registered agent's signature) InCorp Services, Inc.

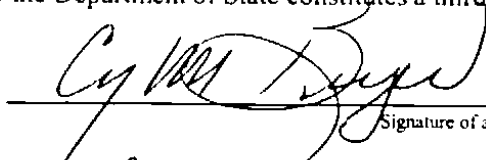
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Cynthia M. Beyer</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>12381 E. Cornell Ave</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>AURORA, CO 80014</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate u of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false inform submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person
Cynthia M Beyer

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDIN

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to t
records of this office,

Beyer & Associates, LLC

is a

Limited Liability Company

formed or registered on 11/28/2018 under the law of Colorado, has complied with all applic
requirements of this office, and is in good standing with this office. This entity has been assigned ei
identification number 20181930415 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper thro
07/30/2019 that have been posted, and by documents delivered to this office electronically thro
07/31/2019 @ 11:48:52 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued
official certificate at Denver, Colorado on 07/31/2019 @ 11:48:52 in accordance with applicable l
This certificate is assigned Confirmation Number 11715283 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effect. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validan Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certifica confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is mer optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."