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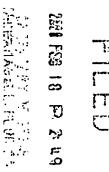
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## COVER LETTER

NULL LE CIT	EYOND CONSTRUCT			
		Name of L	mited Liability	v Company
				zation to Transact Business in Florida." Certific nited liability company to transact business in F
lease return al	l correspondence concer	ming this matter to the fo	ollowing:	
	LOVETTE DOBSON	<b>\'</b>		
		Nai	ne of Person	
		Fin	n/Company	
	17350 STATE HWY	249 #220		
			Address	
	HOUSTON, TX 7706	M		
		City/Sta	te and Zip Coo	le
	EFILE1234@INCFILE	E.COM		
	E-m	ail address: (to be used	for future annu	al report notification)
or further info	rmation concerning this	matter, please call:		
LOVE	TTE DOBSON		1 at (	888-462-3453
<del></del>	Name of Con	tact Person	Area Coc	le Daytime Telephone Number
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited I	Liability Compan	y," "L.L.C.," or "I.L.C.	"1		
EYOND CONSTRUCT	TON FUNCTION LLC					
name unuvailable, enter alternate i	name adopted for the purpose of transacting business in Florida	ia. The alternate nam	ie must ibelade "Limited L	ability Company," "L. I. C," of	or "LLC	
DELAWARE		84-367				
Garisdiction under the law of w	hich toreign limited liability company is organized)	3	(FEI nu	mber, if applicable)		
	(Date first transacted business in Florida, if prior to reg (See sections 005 0904 & 005 0905, F.S. to determine	gistration ) penalty liability)				
13261 - 1 GROVER R			13261 - 1 GROVER RD			
(Street Address of	Pincipal Office)	0	(Mading Address)			
JACKSONVILLE, FL	ORIDA 32226	JACKS	JACKSONVILLE, FLORIDA 32226			
Name and <u>street addre</u> : Name:	ss of Florida registered agent: (P.O. Box 1	•	le)	280 C		
Office Address:	5237 SUMMERLIN COMMONS, SUITE 400					
					11 =	
	FORT MYERS		33907 Florida			
	FORT MYERS (City)		33907 Florida	To the state of th		
esignated in this applicate comply with the provis	(City)	ocess for the c registered age	Florida	ed liability company of the this capacity.	at th furt	
iving been named as re signated in this applica comply with the provis	tance: rgistered agent and to accept service of pro- tion, I hereby accept the appointment as i	ocess for the c registered age	Florida	ed liability company of the this capacity.	at ti furi	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: DAVID JIMENEZ Manager ☐Manager Name: Address: 13261-1 GROVER RD Member ☐ Member Address: Authorized Authorized JACKSONVILLE, FLORIDA 32226 Person Person Other Other Other Other\_\_\_ Name: \_\_ Name: Manager Manager | Address: \_ 13261-1 GROVER RD **■**Member Member Address: Authorized ☐ Authorized JACKSONVILLE, FLORIDA 32226 Person Person Other Other Other Other Name: Manager Name: Manager Member Address: Member Address: ■Authorized ☐ Authorized Person Person \_\_Other\_\_\_\_ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 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) 10. 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.

Typed or printed name of signee

DAVID JIMENEZ



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BEYOND CONSTRUCTION LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEYOND CONSTRUCTION LLC" WAS FORMED ON THE FOURTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202382523

Date: 02-13-20