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S. FRANKLIN
JAN 2 2 2023



### COVER LETTER

CT:	ond Green Solutions, LLC		_		
Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida. referenced foreign limited liability company to transact bus			
eturn all c	correspondence concerning this matter to	o the following:			
	Meredith Walters				
		Name of Person	-		
	Cornerstone Support, LLC				
	Firm/Company				
	9755 Dogwood Rd., Suite 155		, (		
		Address	- ! ;;		
	Roswell, GA 30075				
	C	ity/State and Zip Code	- ;		
n	nwalters@comerstonesupport.com				
_	E-mail address: (to be	used for future annual report notification)	•		
ner inforn	nation concerning this matter, please cal	I <del>l</del> :			
Meredith Walters		678 680-6080			
	Name of Contact Person	Area Code Daytime Telephone Number	-		
Mailing Address:		Street Address:			
	ation Section	Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallaha	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS 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: Beyond Green Solutions, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L. L.C.," or "LLC") (If name unavariable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liabibry Company," "L.L.C," or "LLC.") 86-1988361 New York (FEI number, it applicable) (hurisdiction under the law of which foreign limited liability company is organized) (Date tirst transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905; F.S. to determine perulty liability) 805 Ridge Rd Suite 204 Webster, NY 14580 P.O. Box 25414 Rochester, NY 14625 6. (Mailing Address) (Street Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 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 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.

Gillian E. Raymond (Registered agent's sippinione)

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]:

manage Jup to Six (c		Tral Comorito		Name and Address:
Title or Capacity:	Name and Address:	Title or Capacity	<u> </u>	: vame and Ayout con-
□Manager	Name:	□Manager	Name:	
■Member	Address: 805 Ridge Rd Suite 204	□Member	Address:	
□Authorized	Webster, NY 14580	Authorized		
Person		Person		
□Other	Other	□Other	. <u></u>	□Other
□Manager	Name: Christopher Ball	□Manager	Name:	
<b>■</b> Member	Address: 805 Ridge Rd Suite 204	□Member	Address: _	
□Authorized	Webster, NY 14580	□Authorized		ري (ي
Person		Person	<del></del> -	Č.
Other	Other	Other		Other
□Manager	Name:	□Manager	Name:	
■Member	Address: 805 Ridge Rd Suite 204	□Member	Address: _	
□Authorized	Webster, NY 14580	□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. Non-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 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.

Katis Borchers				
	Signature of an authorized person			
Katie Borchers				
<del></del>	Typed or printed name of signee			

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BEYOND GREEN SOLUTIONS, LLC

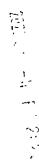
**DOS ID Number:** 5938447

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/10/2021

Statement Status: CURRENT Statement Due Date: 02/28/2023



No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 19, 2022 at 10:46 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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