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## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Beyond Limits Community Development Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM: Claudette Cromartie
Name (Printed or typed)

7003 Atascadero Lane
Address

Tallahassee, FI 32317
City, State & Zip

850-212-4940
Daytime Telephone number

cromartiec08@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	NAME he corporation shall be: Beyond Limit				
ARTICLE I	PRINCIPAL OFFICE				
Principal <u>street</u> address: 7003 Atascadero Lane			Mailing address, if different is:		
Ta	llahassee, FL 32317				
ARTICLE II. The purpose (	TI PURPOSE  for which the corporation is organized is: Demoderate low income person	evelop and im	plement empowerment progra	ms to be	penefit
partnersh	nips for sustainability and health	y financial lif	eracy programs in the Talla	hasse	e and
surroun	ding communities.				
			<u> </u>	ornor:	ation
	V MANNER OF ELECTION The m	nanner in which the	e directors are elected and appointed;	orpor	ation
	V MANNER OF ELECTION The m	nanner in which the	e directors are elected and appointed:	orpor	ation
By-Laws			e directors are elected and appointed:	orpor	ation
By-Laws	V INITIAL OFFICERS AND/OR D	<u>IRECTORS</u>	turceors are elected and appointed,		ation
By-Laws  ARTICLE  Name and Tit		IRECTORS  Name and Title	VP-Travia J. Cromartie		ation
By-Laws  ARTICLE  Name and Tit	v INITIAL OFFICERS AND/OR DI	<u>IRECTORS</u>	VP-Travia J. Cromartie		ation
By-Laws  ARTICLE  Name and Tit  Address	v INITIAL OFFICERS AND/OR DI tle: P-Claudette Cromartie 7003 Atascadero Lane Tallahassee, FL	IRECTORS  Name and Title Address:	VP-Travia J. Cromartie 1641 Rustling Pines Blvd Midway, FL 32343		ation
By-Laws  ARTICLE  Name and Tit  Address	v INITIAL OFFICERS AND/OR DE tle: P-Claudette Cromartie 7003 Atascadero Lane Tallahassee, FL tle: Sec/Trea-Ericka Cromartie	IRECTORS  Name and Title Address:	VP-Travia J. Cromartie		
ARTICLE  Name and Tit  Address	v INITIAL OFFICERS AND/OR DE tle: P-Claudette Cromartie 7003 Atascadero Lane Tallahassee, FL tle: Sec/Trea-Ericka Cromartie 151 James Hinson Dr	IRECTORS  Name and Title Address:	VP-Travia J. Cromartie 1641 Rustling Pines Blvd Midway, FL 32343		15
ARTICLE  Name and Tit  Address	v INITIAL OFFICERS AND/OR DE tle: P-Claudette Cromartie 7003 Atascadero Lane Tallahassee, FL tle: Sec/Trea-Ericka Cromartie	Name and Title Address:  Name and Title	VP-Travia J. Cromartie 1641 Rustling Pines Blvd Midway, FL 32343		
By-Laws  ARTICLE  Name and Tit  Address  Name and Tit  Address	v INITIAL OFFICERS AND/OR DE tle: P-Claudette Cromartie 7003 Atascadero Lane Tallahassee, FL tle: Sec/Trea-Ericka Cromartie 151 James Hinson Dr	Name and Title Address: Name and Title Address: Address:	VP-Travia J. Cromartie 1641 Rustling Pines Blvd Midway, FL 32343		15 MAR 27 PH
Address Name and Ti	P-Claudette Cromartie 7003 Atascadero Lane Tallahassee, FL  Sec/Trea-Ericka Cromartie 151 James Hinson Dr Midway, FL 32343	Name and Title Address:  Name and Title Address:  Name and Title Address:	VP-Travia J. Cromartie 1641 Rustling Pines Blvd Midway, FL 32343		15 HAR 27

Name and Title:_	Name	e and Title:		
Address	Addr	ress:		
		1		
Name and Title:	Name	e and Title:		
Address	Addr	•		
ARTICLE VI The name and Flo	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	Travia J. Cromartie	<del></del>		
Address:	1641 Rustling Pines B	lvd		
	Midway, FL 32343		温和	ਯੋ
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:	: 		HAR 27
Name:	Claudette Cromartie		្សា <sup>ក</sup> ្	E ST
Address:	7003 Atascadero La	ane		· # 07
	Tallahassee, FL 32317		_	~
	ned as registered agent to accept service of promitifier with and accept the oppointment as regi			esignated in this
(	Transa ( L /20	martie	03/27/201	5
	Required Signature of Registered Ager	nt	Date	
I submit this docu to the Departmen	ment and affirm that the facts stated herein ard t of State constitutes a third degree felony as pro	e true. I am aware that any false in	formation submitte	d in a document
<u>claudette cr</u>	omartie Claudille	Oromarko	03/27/201	5
	Required Signature of Incorporate	or	Date	

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