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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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2000 NOV 20 P 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: NUGEN SOLUTIONS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL MULLIGAN
(Name of Person)

NUGEN SOLUTIONS, INC.
(Firm/Company)

600 N. PINE ISLAND RD., STE 450
(Address)

PLANTATION, FL 33324
(City/State and Zip code)

For further information concerning this matter, please call:

ALICIA MULLIGAN at (954) 296-4936
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NUGEN SOLUTIONS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA 3. 26 | 3461206
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 21st AUGUST 2008 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 101 CONVENTION CNTR. DR. STE 700, LAS VEGAS, NV, 89109-2001
(Principal office address)

600 N. PINE ISLAND RD., STE 450, PLANTATION, FL 33324
(Current mailing address)

8. ALTERNATIVE FUEL SOLUTIONS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL MULLIGAN

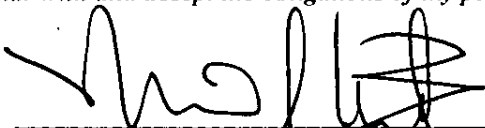
Office Address: 600 N. PINE ISLAND RD., STE 450

PLANTATION, , Florida 33324
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

DIRECTOR

~~Chairman~~ MICHAEL MULLIGAN

Address: 600 N. PINE ISLAND ROAD, STE 450

PLANTATION, FL 33324

DIRECTOR

~~Vice Chairman~~ ALICIA MULLIGAN

Address: 600 N. PINE ISLAND ROAD, STE 450

PLANTATION, FL 33324

Director: SAIRA NILES

Address: 600 N. PINE ISLAND ROAD, STE 450

PLANTATION, FL 33324

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL MULLIGAN

Address: 600 N. PINE ISLAND RD., STE 450

PLANTATION, FL 33324

Vice President: ALICIA MULLIGAN

Address: 600 N. PINE ISLAND ROAD

PLANTATION, FL 33324

Secretary: FERNANDO PEREIRA

Address: 600 N. PINE ISLAND RD., STE 450, PLANTATION, FL 33324

Treasurer: SAIRA NILES

Address: 600 N. PINE ISLAND RD., STE 450, PLANTATION, FL 33324

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. ALICIA MULLIGAN (V.P.)

(Typed or printed name and capacity of person signing application)

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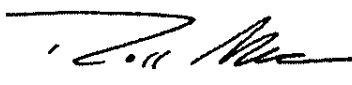
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

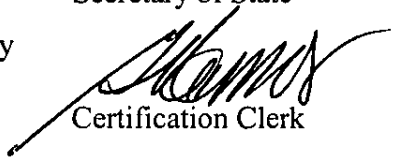
I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NUGEN SOLUTIONS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 21, 2008, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 26, 2008.


ROSS MILLER
Secretary of State

By


Certification Clerk