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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hue-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," or "Certificate of Good Standing" 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:
Aisha Lewis
Name of Person
Hue-Solutions, Inc.
Firm/Company
11421 Laurel Brook Ct
Address
Riverview, FL 33569
City/State and Zip code
questions@hue-solutions.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aisha Lewis at (501) 235-8232
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 Find a 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 Certified Copy \$87.50 Filing Fee, Certified Copy



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SECRETION OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2012

AISHA LEWIS HUE-SOLUTIONS, INC. 11421 LAUREL BROOK CT RIVERVIEW, FL 33569

SUBJECT: HUE-SOLUTIONS, INC. Ref. Number: W12000043280

We have received your document for HUE-SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you are wanting to file the fictitious name application, the fee is \$50.00. A seperate check is needed to process with the application enclosed.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 812A00021320

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.

 Hue-Solution 	ns, Inc		
	corporation; must include "INCORPORA Corp," "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate	e name adopted for the purpose of transacting business in Florida)	
_{2.} Arkansas		_{3.} 26-2238606	
(State or country	under the law of which it is incorporated	ed) (FEI number, if applicable)	
4. April 24, 20	12	5. DERDetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. N/A			
		siness in Florida, if prior to registration) c 607.1502, F.S., to determine penalty liability)	
_{7.} 11421 Lau	rel Brook CT, Riverview, F	FL. 33569	
	(Principal office	ice address)	
201 W. Br		North Little Rock, AR. 72114	
	(Current mailin	ing address)	
anv and a	II legal business		
		te or country to be carried out in state of Florida)	
9. Name and <u>stre</u>	eet address of Florida registered agent	1: (P.O. Box NOT acceptable)	11
Name:	Aisha Lewis		
Office Address:	11421 Laurel Brook CT	, Florida 33569 (Zip code)	0
	Riverview	, Florida 33569	
	(Citý)	(Zip code)	
10. Registered a	igent's acceptance:	,	
Having been nan	ned as registered agent and to accept	ot service of process for the above stated corporation at the pl	
		ppointment as registered agent and agree to act in this capaci tutes relative to the proper and complete performance of my	
	r with and accept the obligations of		
	Hosha Thui		
	(Registered agent's sign	nature)	
	(===0===0====0=====0=====	· · · · · · · · · · · · · · · · · · ·	

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: FILED A. DIRECTORS Chairman: Aisha Lewis Address: 11421 Laurel Brook Ct Riverview, FL 33569 Vice Chairman: ___ Address: _____ Address: B. OFFICERS President: Aisha Lewis Address: 11421 Laurel Brook Ct Riverview, FL 33569 Vice President: Secretary: Treasurer: Address: _____ **NOTE:** If necessary you may attack an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Aisha Lewis / President

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



Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

HUE-SOLUTIONS, INC

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office April 24, 2012.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 28th day of August 2012.

Mark Martin

Mark Martin

Secretary of State Authorization Code: 56060eeba595f9f

To verify the Authorization Code, visit sos.arkansas.gov