

F12000004587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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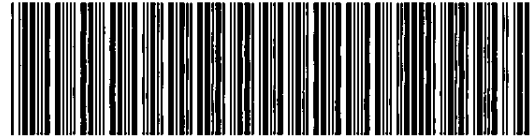
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2012

MICHELE LEGROS  
P O BOX 2084  
PINELLAS PARK, FL 33780

SUBJECT: ASSETS, LIABILITIES, & EQUITY SOLUTIONS, INC.  
Ref. Number: W12000051418

We have received your document for ASSETS, LIABILITIES, & EQUITY 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 form you submitted is for a Foreign Non-Profit corporation, but your entity is a Foreign Profit corporation. Please complete and return the enclosed blank form(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.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Pamela Smith  
Regulatory Specialist II

Letter Number: 612A00024859

**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. ASSETS, LIABILITIES, & EQUITY SOLUTIONS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

**2. Nevada**

(State or country under the law of which it is incorporated)

**3. \_\_\_\_\_**

(FEI number, if applicable)

**4. 09/06/2012**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. \_\_\_\_\_**

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

**7. 330 Paint Street, Rockledge, FL 32955-5801**

(Principal office address)

**PO Box 2084, Pinellas Park, FL 33780**

(Current mailing address)

**8. Any and all lawful purpose**

(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: Michele Legros

Office Address: 2895 46th Ave N

St. Petersburg

(City)

, Florida 33710

(Zip code)

**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.**

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

**A. DIRECTORS**

Chairman: Michele Legros

Address: PO Box 2084  
Pinellas Park, FL 33780

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Michele Legros

Address: PO Box 2084  
Pinellas Park, FL 33780

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Elizabeth Purcell

Address: PO Box 2084, Pinellas Park, FL 33780

Treasurer: Bob Essery

Address: PO Box 2084, Pinellas Park, FL 33780

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

13. \_\_\_\_\_

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. Michele Legros, President

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

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

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, **ASSETS, LIABILITIES, & EQUITY 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 September 6, 2012, and is in good standing in this state.

I further certify, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 2, 2012.



ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20121102-0080  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

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