

F15000000031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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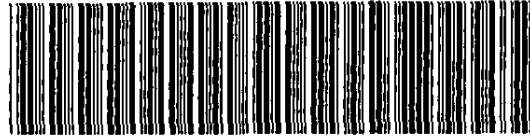
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/14--01018--009 **87.50

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15 JAN -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-706A7

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EQUIPOISE ENTERPRISES, 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:

MARY C. EDSON

Name of Person

EQUIPOISE ENTERPRISES, INC.

Firm/Company

10280 ALLAMANDA BLVD.

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip code

coaching4success@msn.com

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

For further information concerning this matter, please call:

MARY C. EDSON at (561) 632-5436

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

CK# 1015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2014

MARY C. EDSON
10280 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410

SUBJECT: EQUIPOISE ENTERPRISES, INC.
Ref. Number: W14000070647

RECEIVED
15 JAN -2 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EQUIPOISE ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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.

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.

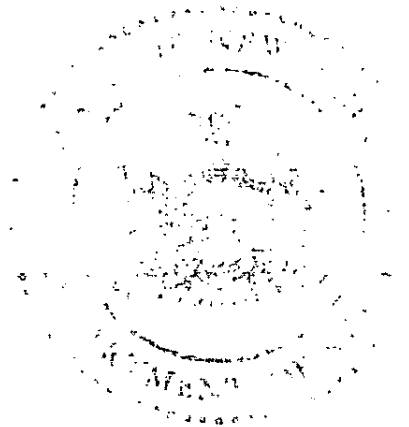
Jessica A Fason
Regulatory Specialist II

Letter Number: 814A00024968

*12/30/14 Certificate of Existence / Certificate of Good Standing
from New York State, Department of State, is
enclosed. Thank you for your prompt attention
to this matter.*

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EQUIPOISE ENTERPRISES, INC. was filed on 09/30/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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15 JAN -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of December two
thousand and fourteen.*

Anthony Giardina

Executive Deputy Secretary of State

**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. EQUIPOISE ENTERPRISES, 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. NEW YORK 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 30, 2004 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 10280 ALLAMANDA BLVD., PALM BEACH GARDENS, FL
(Principal office address)

10280 ALLAMANDA BLVD., PALM BEACH GARDENS, FL 33410
(Current mailing address)

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

Name: MARY EDSON


Office Address: 10280 ALLAMANDA BLVD.

PALM BEACH GARDENS, Florida 33410
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

9. 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.

 11/18/14
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARY C. EDSON

Address: 10280 ALLAMANDA BLVD.

PALM BEACH GARDENS, FL 33410

Vice President: WILLIAM J. MURPHY

Address: 10280 ALLAMANDA BLVD.

PALM BEACH GARDENS, FL 33410


Secretary: MARY C. EDSON

Address: 10280 ALLAMANDA BLVD, PALM BEACH GARDENS, FL 33410

Treasurer: WILLIAM J. MURPHY

Address: 10280 ALLAMANDA BLVD, PALM BEACH GARDENS, FL 33410

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

12.  PRESIDENT 11/18/14

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.

13. MARY C. EDSON, PRESIDENT

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

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15 JAN - 2 PM 1:15
TALLAHASSEE FLORIDA
SECRETARY OF STATE
33410