

H1700001955

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FOREIGN PROFIT/NONPROFIT CORPORATION  
FINANCIAL 1 RESOURCES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

JAN 17 2017

S. YOUNG  
Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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.

FINANCIAL 1 RESOURCES CORP

1. (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. WYOMING 3. 81-1846677 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 19, 2014 5. (Date of incorporation) (Date of duration, if other than 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. 1126 NW 6TH AVENUE, FORT LAUDERDALE, FLORIDA 33311 (Principal office address)

1126 NW 6TH AVENUE, FORT LAUDERDALE, FLORIDA 33311 (Current mailing address, if different)

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

Name: EDWARD MOISE Office Address: 1126 NW 6TH AVENUE FORT LAUDERDALE, Florida 33311 (City) (Zip code)

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.

Edward Moise (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.

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

A. DIRECTORS

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

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

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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B. OFFICERS

President: SOLOMON YARTEH

Address: 8310 N SHERMAN CIRCLE #507, MIRAMAR, FLORIDA 33025

Vice President: NIURKA LEBRON

Address: 1331 OAKHILL STREET LOT 53, LAKE LAND, FLORIDA 33815

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. SOLOMON YARTEH, PRESIDENT

(Typed or printed name and capacity of person signing application) H17000011955 3

**STATE OF WYOMING**  
**Office of the Secretary of State**

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I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Financial 1 Resources Corp**  
is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **March 19, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000661261**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of January, 2017 at 11:13 AM. This certificate is assigned 021913223.



*[Signature]*  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.

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