# F19000001344

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
	ELEVATE SOLUTIO	NS, INC.				
SUBJ		Name of corporati	on - mus	t include suffix		
	1	value of corporati	on - mas	e metade sarrix		
Dear S	ir or Madam:					
"Certi		ificate of Good S	tanding"	rization to Transact Business and check are submitted to r Florida.		
	return all correspondence co ANGUIANO-GARCIA	ncerning this mat	ter to the	following:		
		Name	of Person	· <del></del>		
ANGU	IANO CONSULTING INC					
	<del></del>	Firm/C	ompany			
14393	PARK AVE STE 200					
		Ad	dress		<del></del> -	
VICTO	DRVILLE CA 92392					
	· · ·	City/Stati	and Zip	code		
rosa@anguianoconsulting.com						
	E-mail a	ddress: (to be use	d for fut	are annual report notification	) SEP	
For fu	ther information concerning	this matter, pleas	e call:		3	im m
Rosa A	inguiano-Garcia	760 at (	26	5-1884	P	
	Name of Person	at ( Area C	ode	Daytime Telephone Numl	er :: 0	لاسية
	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for the following	ng amount:				
□ \$70		Filing Fee & Teate of Status		ified Copy Cert	60 Filing ificate of ified Con	Status d

## 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. ELEVATE SOLUTIONS, INC.

1.						
		orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
	•	UTIONS MANAGEMENT, INC.				
~	COLORADO		2-5142212			
2.	(State or countr 04/10/2018	y under the law of which it is incorporated)	•			
4.		5				
	(Date UPON FILING	of incorporation)	(Date of duration, if other than perpetual)			
6.						
7.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	office address)			
	1205 BRYCE AV	VE AURORA OH 44202				
		(Current mailing a	address, if different)			
8.		et address of Florida registered agent: (P.O. I JILLIAN JACKSON	Box <u>NOT</u> acceptable)	2019 SEP		
	Name:	20.45 ON COM (DD14 D OV)	<del>_</del>	$\overline{\omega}$		
0	ffice Address:	7345 GREENBRIAR PKWY		<u>p</u>		
		ORLANDO	32819 , Florida	·		
		(City)	(Zip code)	00		

#### 9. Registered agent's acceptance:

Having been named as registered agent und 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)

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 JILLIAN JACKSON Chairman: 7345 GREENBRIAR PKWY Address: ORLANDO FL 32819 Vice Chairman: Address: Director: \_ Address: \_ Address: \_ **B. OFFICERS** JILLIAN JACKSON President: Œ 7345 GREENBRIAR PKWY Address: ORLANDO FL 32819 JILLIAN JACKSON Vice President: 7345 GREENBRIAR PKWY Address: ORLANDO FL 32819 JILLIAN JACKSON Secretary: 7345 GREENBRIAR PKWY ORLANDO FL 32819 Address: JILLIAN JACKSON Treasurer: 7345 GREENBRIAR PKWY ORLANDO FL 32819 Address: NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors. oline Afterly

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.

JILLIAN JACKSON - PRESIDENT

12.

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Elevate Solutions, Inc.

is a

#### Corporation

formed or registered on 04/10/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181300027.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/04/2019 that have been posted, and by documents delivered to this office electronically through 09/08/2019 @ 20:49:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/08/2019 @ 20:49:45 in accordance with applicable law. This certificate is assigned Confirmation Number 11787998



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective

However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."