

8/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Fd0000003668

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000288483 3)))



H20000288483ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: sarah@ascentagroup.com

FOREIGN PROFIT/NONPROFIT CORPORATION**First Legion Interactions Inc.**

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

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

Fax Audit H20000288483 3

**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. First Legion Interactions Inc.

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

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

2. Wyoming

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

3. 84-5085057

(FEI number, if applicable)

4. 3/10/2020

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25 N Market Street Suite 300A, Jacksonville, Florida 32202

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Business Filings IncorporatedOffice Address: 1200 South Pine Island RoadPlantation

(City)

Florida 33324

(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.



Mark Williams, AVP, Business Filings Incorporated

(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.

Fax Audit H20000288483 3

Fax Audit H20000288483 3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Nicholas Elliott

Address: 25 N Market Street Suite 300A, Jacksonville, Florida 32202

Director: _____

Address: _____

B. OFFICERS

President: Nicholas Elliott

Address: 25 N Market Street Suite 300A, Jacksonville, Florida 32202

Vice President: Nicholas Elliott

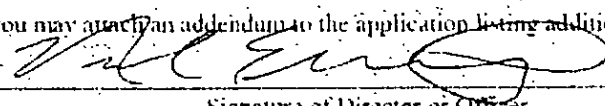
Address: 25 N Market Street Suite 300A, Jacksonville, Florida 32202

Secretary: Nicholas Elliott

Address: 25 N Market Street Suite 300A, Jacksonville, Florida 32202

Treasurer: Nicholas Elliott

Address: 25 N Market Street Suite 300A, Jacksonville, Florida 32202

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. Nicholas Elliott, President

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

Fax Audit H20000288483 3

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

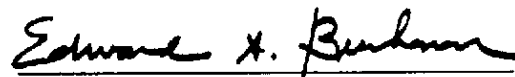
First Legion Interactions
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **March 10, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000904923**.

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 20th day of August, 2020 at 10:57 AM. This certificate is assigned ID Number 038612022.




Secretary of State