## F-20000004250

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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# COVER LETTER

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	Registration Section Division of Corporations							
SURIFC	Γ: Prosperity Life Solutions, In	c.						
30031.0	Name	of corporation -	must include suffix					
Dear Sir or	Madam:							
"Certificate	ed "Application by Foreign C e of Existence," or "Certificat renced foreign corporation to	e of Good Stand	ing" and check are subm					
Please retu	rn all correspondence concerr	ning this matter t	o the following:					
Gary W. Pir	nkerton							
		Name of P	erson					
Prosperity I	life Solutions, Inc							
<del></del>		Firm/Comp	any					
1784 W. He	rick Ct.			,				
		Addres	s					
Hernando, I	FL 34442-6355							
		City/State and	d Zip code					
gary.pinker	ton@yahoo.com							
	E-mail addres	ss: (to be used fo	r future annual report no	etification)				
For further	information concerning this i	matter, please ca	II:					
Gary W. Pi	nkerton	860 at (	389-7620	389-7620				
N	ame of Person	Area Code	Daytime Telepho	one Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Security Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	s a check for the following an e check payable to: FLORIDA f Filing Fee  S78.75 Fili Certificate	DEPARTMENT ( ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy				

#### 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.

Search indicate	d name IS available. If incorrect, please use: A	ASW Life Solutions, Inc.
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
New Jersey	3.	47-2451002 (EEL number, if annicable)
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
12-03-2014	5.	(Date of duration, if other than perpetual)
(Date	e of incorporation)	(Date of duration, if other than perpetual)
		in Florida, if prior to registration) [502, F.S., to determine penalty liability)
1784 W. Herick	Ct., Hernando, FL 34442-6355	, ,
	(Principal of	fice street address)
	(Current maili	ng address, if different)
Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Gary W. Pinkerton	
	1784 W. Herick Ct.	<del></del>
fice Address:		
		Florida 34442-6355 (Zip code)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

under the law of which it is incorporated.

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

A. DIRECTORS								
□Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Hernando, FL 34442-6355	□Director						
<b>■</b> President		□President						
□Vice President		□Vice President						
Secretary	□Treasurer	☐ Secretary		☐Treasurer				
Other	Other	Other		□ Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President	· · · · ·					
□Vice President		□Vice President						
□Secretary	Treasurer	□Secretary	•	□Treasurer				
∐Other	Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address;	□Vice Chairman	Address:					
□Director		□Director	<del></del>	<u> </u>				
□President		□President						
□Vice President		□Vice President						
☐ Secretary	☐ Treasurer	□Secretary		□Treasurer				
Other	□Other	Other	<del></del>	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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.								

### STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### PROSPERITY LIFE SOLUTIONS, INC. 0400706307

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on December 03, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GARY W. PINKERTON 1605 DUBAC ROAD WALL TOWNSHIP, NJ 07719

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of September, 2020

de son Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number , 6110816883

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp