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COVER LETTER

	gistration Section vision of Corporations			
SUBJEC	American Solution Zone, INC.			
30000		of corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign Co e of Existence," or "Certificate renced foreign corporation to tr	of Good Stan	ding" and check are submitt	
Please retu	rn all correspondence concerni	ng this matter	to the following:	
Germaine M	falone			
	······································	Name of	Person	<u>-</u>
American S	olution Zone, INC.			
	_	Firm/Con	pany	
1901 Ulmer	ton Rd, Suite 625 #1013			
_	-	Addre	2SS	
Clearwater,	FL 33762			
		City/State a	nd Zip code	
jmalone.81@	@yahoo.com			
	E-mail address	(to be used t	or future annual report notif	ication)
For further	information concerning this ma	atter, please c	all:	
Germaine M	1alone	727	289-0679	
No	ame of Person	at (<u>727</u> Area Cod	e Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	
	a check for the following amo check payable to: FLORIDA DE Filing Fee	PARTMENT g Fee & [3 \$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.

1. American Soluti		
(Enter name of c	corporation: must include "INCORPORATE forp." "Inc." "Co." or "Corp.")	D," "COMPANY," "CORPORATION."
American Soluti	on Zone Incorporated	
(If name unavail		ne adopted for the purpose of transacting business in Florida)
2. Colorado		3. (FEI number, if applicable)
	y under the law of which it is incorporated)	(FEI number, if applicable)
12/06/2016		5. (Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
6		
		s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
7. 6400 S. Fiddlers	Green Circle, Suite 250 #1182, Greenwood	Village. CO 80111
	(Principal o	ffice street address)
1901 Ulmerton R	d, Suite 625 #1013 Clearwater, FL 33762	
	(Current mai	ling address, if different)
		NO DE MOTE AND LESS
8. Name and <u>stree</u>	et address of Florida registered agent: (P	(O. Box NOT acceptable)
Name:	Registered Agents Inc	
Office Address:	7901 4th St N STE 300	
	St. Petersburg	. Florida <u>33702</u>
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appoin	vice of process for the above stated corporation at the place atment as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my duticonsition as registered agent.
	(Registered agent's	signature)

11. For initial indexing purposes, fist 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	Shamane Thomas Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Clearwater, FL 33762	□Director	Clearwater, FL 33762
☑ President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	
□Other		□Other	□Other
□Chairman	Jack Donaldson Name:	□ Chairman	Allen Gaines
	1901 Ulmerton Rd, Suite 625 #101 Address:	□Vice Chairman	1901 Ulmerton Rd, Suite 625 #10
Director	Clearwater, FL 33762	Director	Clearwater, FL 33762
□President	<u> </u>	□President	
☑ Vice President		□Vice President	
□Secretary	□Treasurer	Z Secretary	☐Treasurer
□Other	Other	□Other	□Other
□(Chaicman	Name:	□ Chairman	Name:
	1901 Ulmerton Rd, Suite 625 #101 Address:		Address:
Z Director	Clearwater, FL 33762	Director	
□President		_ □President	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	□Secretary	□Treasurer
Other	Other	⊡Other	Other
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Department Malace	ment of State Annual Re	
ng as c	Signature of Directo		

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.

Germaine Malone

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.

AMERICAN SOLUTION ZONE, INC.

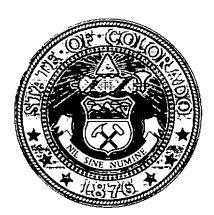
is a

Corporation

formed or registered on 12/06/2016 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 20161829485.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/26/2024 that have been posted, and by documents delivered to this office electronically through 12/28/2024 @ 11:02:27.

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 12/28/2024 @ 11:02:27 in accordance with applicable law. This certificate is assigned Confirmation Number 16844807



Secretary of State of the State of Colorado

*******End of Certificate******

Notice: A certificate issued electronically from the Colorado Secretary of State's website 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 website, https://www.coor.utor.or.gov/pro-certificatesearch/riterials 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 website, https://www.color.utor.or.gov/click/Businesses.trademarks.trade.names/and.select/Frequently Asked Questions."