

D240000000005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

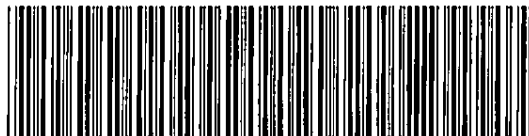
(Document Number)

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SECRETARY OF STATE  
ALABAMA DEPT. OF REVENUE

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** FPS Heritage

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

**FEES:**

Declaration of Trust	\$350.00
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**OPTIONAL:**

Certified Copy	\$ 8.75
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**FROM:** Shamaz Mayginnes

Name (Printed or typed)

C/O Fiduciary and Investment Trust Co.  
420 Celebration Blvd, Suite 200

Address

Celebration, FL 34747

City, State & Zip

1(310)467-1772

Daytime Telephone number

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR  
QUALIFY  
Of  
**FPS Heritage**

## Declaration of Trust

Pursuant to Section 609.02 of the Florida Statutes, governing Common Law Declarations of Trust, I, the undersigned, serving as both the Chairman of the Board of Directors for FPS Heritage, a Delaware Statutory Trust, and hereby recognized in Florida as the Chairman of the Board of Trustees, solemnly affirm this statement to facilitate the filing or qualification of FPS Heritage. in the State of Florida.

**1. Purpose of Trust.** The purpose of the Florida filing or qualification is to hold and manage assets located within the state of Florida and to address any banking needs as required. Two or more persons are named in the Trust per 609.01 of the Florida Statutes.

**2. The Principal Address is:**

% Fiduciary and Investment Trust Co.  
1420 Celebration Blvd, Suite 200,  
Celebration, FL 34747

**3. The registered agent and street address in the State of Florida is:**

Registered Agents Inc  
7901 4th St N STE 300  
St. Petersburg, FL 33702


**4. Acceptance by the registered agent:** Having been named as registered agent to accept service of process for the Declaration named above of the Trust at the place designated in this Declaration of Trust, the named hereby accepts the appointment as registered agent and agrees to act in this capacity.

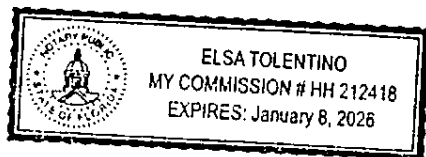
David Roberts

Authorized individual on behalf of the Registered Agent

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2024 JAN -3 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**5. Certification:** I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

  
Shamaz Mayginn  
Chairman of the Board of Trustees



NOTARY



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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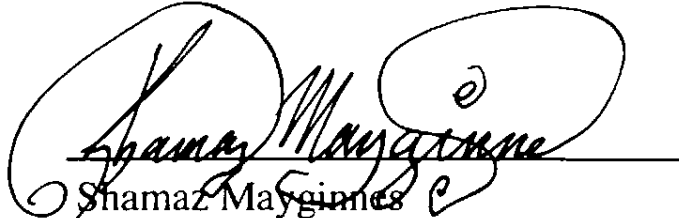
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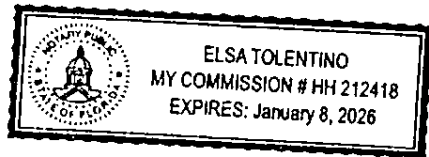
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*David Roberts*

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Authorized individual on behalf of the Registered Agent

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Chairman of the Board of Trustees



NOTARY

