[0]000002375

Registration Section

Division of Corporations
SUBJECT: Heidico Enterprises, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam: 40004092394
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Heidi Wade
(Name of Person)
Heidico Enterprises, Inc.
(Firm/Company)
1692 Tunbridge Lane
(Address)
Lawrenceville, GA 30043
(City/State and Zip code)
\(\frac{3}{8}\) \(\frac{3}{8}\) \(\frac{1}{8}\)
City/State and Zip code) (City/State and Zip code) For further information concerning this matter, please call:
Heidi Wade at (770) 513-4956
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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. <u>Heid</u>	ico Enterprises, Inc.						
(Name of corpo	oration; must include the word "INCORPOI	RATE	D", "COMPA	NY", "CORP	ORATION" or	т.,	
words or appre	viations of like import in language as will c	learly:	indicate that it	t is a corporat	ion instead of a	-	
natural person	or partnership if not so contained in the nam	ne at pr	resent.)	-			
2. Georgi	a, USA	2	E0 040	7056			
(State or country	under the law of which it is incorporated)	_,3, _	58-260	7956			
(Amile of Coming)	ander the law of which it is incorporated)			(FEI number	, if applicable)		
43-1-01		_ 5	Perpet	ual .			3
(Dat	e of incorporation)	•	Duration: Yo	ear corp. will	cease to exist or	r "perpetual")	al o suar a
	ıalification			≟ . •.			F
(Date first transa	cted business in Florida. If corporation has	s not tr	ansacted busi	ness in Florid	a insert "unon	qualification "	7
	(SEE SECTIONS 607.1	1501, c	607.1502 and	817.155, F.S.)	quarmeation.	
7 1692 Tr	ınbridge Lane, Lawrenceville,						
/· <u></u>	(Principal office					· · · · · ·	
	_		·				
1692 Tu	inbridge Lane, Lawrenceville,	GA.	30043			esta e en antigen.	en e
	(Current mailing	addres	ss)				_ h
8. Recreat	ional Management Services						
(Purpose(s	s) of corporation authorized in home state o	r coun	tru to be corri	ad out in state	-5T1-11-X		
					7	Ξ _ε ε Ξ	
9. Name and stre	eet address of Florida registered ager	at: (P	O. Box or N	Mail Drop Bo	ox NOT accer	ntable)	-1.j
				•	·-F	इन् ८	Constants
Name: _	Dennis Wade			re velice		525	3
Office Address:	41 NE Little Harbor Way					一里	TEMO
Office Address:	41 NE DICCIE Halbor way				4-	750	<u> </u>
	Deerfield Beach		171 - 11	22441		APR 30 PH 1:47	
	(City)	***	, Florida	(Zip code)			
	(3)			(Zip code)			
0. Registered ag	ent's acceptance:						
Taving been nam	ed as registered agent and to accept se	rvice	of process for	or the above	stated corner	ation at the	mla a a
congruence the elect	uppiwalion. I hereny accent the annot	nimor	If AC PARIETAL	PAR ARAME AM		7 -	•. •
minter agree to co	THE DESCRIPTION OF ALL STATUTE	ic roin	tivo to the n	roner and a	~~~~~ I ~ d ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	rmance of m	vay. x
uties, and I am fo	miliar with and accept the obligation	s of m	y position a	s registered .	agent.		,
		-			,		·
	A Juni ///ax				-		
_	(Registered agent's			-	<u> </u>		+
	(wegistered agent's	s signa	ture)				

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: __ Director: Address: _ Director: _ Address: B. OFFICERS President: Heidi Wade Address: 1692 Tunbridge Lane, Lawrenceville, GA 30043 Vice President: __ Treasurer: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. De Di Wade

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

14. ____ Heidi Wade, President

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 011060678

CONTROL NUMBER : 0114987

DATE INC/AUTH/FILED: 03/26/2001

JURISDICTION : GEORGIA

PRINT DATE : 04/16/2001

FORM NUMBER : 211

HEIDICO HEIDI WADE 1692 TUNBRIDGE LANE LAWRENCEVILLE, GA 30043



CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HEIDICO ENTERPRISES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State