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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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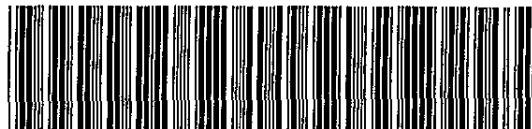
(Business Entity Name)

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2004 JUN - 1 PM 2:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 9 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance of Professional Consultants LTD Inc
(Name of corporation - must include suffix)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

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:

Mark Mattis

(Name of Person)

Heartland Heritage

(Firm/Company)

5537 Cheviot Rd

(Address)

Cincinnati Ohio 45247

(City/State and Zip code)

For further information concerning this matter, please call:

Lorrie Hodge

(Name of Person)

at (513) 923-2844

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

May 28 04 10:45a

HEARTLAND HERITAGE

859 491 7797

P.2

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. **Alliance of Professional Consultants LTD Inc.**

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

Heartland Heritage

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

2. **Ohio**

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

3. **31-1705214**

(FBI number, if applicable)

4. **March 9, 2000**

(Date of incorporation)

5. **perpetual**

(Duration: Your corp. will cease to exist or "perpetual")

6. **October, 2003**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **5537 Cheviot Rd Cincinnati Ohio 45247**

(Principal office address)

Same as above

(Current mailing address)

8. **selling preneed life insurance**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **Herb Jones**

Office Address: **3033 Water St.**

Jacksonville

(City)

Florida **32208**

(Zip code)

10. 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.

(Registered agent's signature)

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:

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JACKSONVILLE CORPORATION
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Martin P Mattis

Address: 5537 Cheviot Rd

Cincinnati Ohio 45247

Vice Chairman: Mark S. Mattis

Address: 5537 Cheviot Rd.

Cincinnati Ohio 45247

Director: Frank B. Rosenacker

Address: 5537 Cheviot Rd.

Cincinnati Ohio 45247

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Mark S. Mattis

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

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JUNIOR OF CORPORATIONS
TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show THE ALLIANCE OF PROFESSIONAL CONSULTANTS AGENCY, LTD., an Ohio Limited Liability Company, Registration Number 1138916, was organized within the State of Ohio on March 09, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 28th day of May, A.D. 2004*

J. Kenneth Blackwell

Ohio Secretary of State

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Validation Number: V2004148M887BD