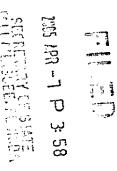
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#### TRANSMITTAL LETTER

10:	Registration Ser Division of Cor							
SUBJ	FCT:	Heritage	e Charter	Corp.				
БСДС		(Name o	f corporat	tion - must in	clude suffix)			_
Dear S	ir or Madam:							
"Certif		ion by Foreign Corp e," and check are su rida.						0
Please	return all corresp	ondence concerning	g this matt	ter to the follo	owing:			
Bonny	L. Larsen							
			(Name	of Person)				
Heritag	ge Charter Corp.					44		
			(Firm/C	Company)				
4400 1	North A1A, #701							
			(Ad	idress)				_
Hutchi	nson island, FL 3	34949-8280						
			(City/Stat	e and Zip coo	le)			_
For fu	rther information	concerning this mat	ter, please	e call:				
Bonny	L. Larsen	a	t ( 772	<sub>)</sub> 429-19	909			
	(Name of Pers			a Code & Da	ytime Telepho	ne Number)		
	STREET ADD Registration Se Division of Con 409 E. Gaines S Tallahassee, FI sed is a check for 0.00 Filing Fee	ection rporations St.	Fee &	] [ ]		F 1 1	of Statu	15 & as &

### 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 FOREIG $\bar{N}$  CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

<ol> <li>Heritage Charl</li> </ol>			* 200		
(Enter name of o	corporation, must include "INCORF corp," "Inc," "Co," or "Corp.")	PORATED," "COM	ANY," "CORPORATI	", nc	
				. 4	
(If name unavail	lable in Florida, enter alternate corp	orate name adopted for	or the purpose of transac	ting business in Florida)	
2. Delaware		3.	None		
(State or country	under the law of which it is incorporate	orated)	(FEI number, if a	oplicable)	
4. 3/01/05		5 Perpetu	al .		
	e of incorporation)	(Duratio	n: Year corp. will cease	to exist or "perpetual")	
6.					
·	(Date first transacted (SEE SECTIONS 607.150		if prior to registration) to determine penalty liab	oility)	
7. PO Box 2	di Boo Bat	ian El	1 RDEE		
/. <u></u>	31 Boca Rod (Principa 31 Boca Rod (Current r	l office address)	00 (4)	<del>-</del>	
PO Box W	al Boca Ras	ton EL	18455		
10 Box Get	(Current r	mailing address)		·	
	•	- ,			
8 Trust Services					
(Purpose(	s) of corporation authorized in home	e state or country to b	e carried out in state of	Florida)	
9. Name and stre	ct address of Florida registered a	igent: (P.O. Box N	OT acceptable)		
Name:	Anthony Capodilupo			•.	
Office Address:	4598 NW 26th Avenue	<u></u>		TALL N	
	Boca Raton	FI	orida 33434-2518		
	(City)	• · · · ·	orida 33434-2518 (Zip code)	产品 舅	TT 1
10 Pagistared o	gent's acceptance:			<b>全部</b> 电	
Having been nan	ned as registered agent and to a	ccept service of pro	cess for the above star	ed corporation at the pla	ice
designated in this	s application, I hereby accept th	e appointment as r	egistered agent and ag	gree to act in this capacit	y, J
	comply with the provisions of all r with and accept the obligation.			lete perjormance of my a	unes
z w j w//******	with woods the oping attorn	~ -3 Konsson sen		CHE W	
	14/	7 /1		5 T S	
	Sulpor 1	relitions			
_	(Registered agent's	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:

#### A. DIRECTORS

Chairman:	Stuart E. Larsen
Address:	4400 North A1A, #701
	Hutchinson Island, FL 34949-8280
Vice Chairma	n: Bonny L. Larsen
Address:	4400 North A1A, #701
	Hutchinson Island, FL 34949-8280
Director:	Heidi L. Campbell
Address:	900 Lake Eloise Dr., N
	Winter Haven, FL 33884
Director:	Stacy L. Lowe
Address:	40548 Thomas Boat Landing Rd.
	Umatilla, FL 32784
B. OFFICE	CRS
President: G	eneral Manager: Stuart E. Larsen
Address:	4400 North A1A, #701
	Hutchinson Island, FL 34949-8280
Vice Presider	at: Stacy L. Lowe
Address:	40548 Thomas Boat Landing Rd.
	Umatilla, FL 32784
Secretary: _	Bonny L. Larsen
Address:	4400 North A1A, #701, Hutchinson Island, FL 34949-8280
Treasurer:	ssistant Secretary: Heidi L. Campbell
Address: 90	O Lake Eloise Dr., N, Winter Haven, FL 33884
NOTE: If r	necessary, you may attack an addendum to the application listing additional officers and/or directors.
13. <u>B</u>	(Signature of Director or Officer listed in number 12 of the application)
. Ponny	(*************************************
14. <u>Bolliny</u>	L. Larsen, Director, Secretary

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

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HERITAGE CHARTER CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HERITAGE CHARTER CORP." WAS INCORPORATED ON THE FIRST DAY OF MARCH, A.D. 2005.



Variet Smith Windsor, Secretary of State

AUTHENTICATION: 3713934

DATE: 03-02-05

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