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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

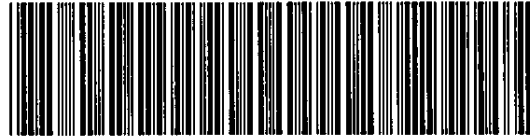
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TALLAHASSEE, FLORIDA

MRS
11/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Heritage Innovative Solutions, Inc.
(Name of corporation - must include suffix)

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:

Shari Kolar

(Name of Person)

Profit Publishing Group, Inc.

(Firm/Company)

103 Addison Road

(Address)

Bonnerdale, AR 71933

(City/State and Zip code)

For further information concerning this matter, please call:

Shari Kolar at (501) 760-2587

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

**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. **Heritage Innovative Solutions, Inc.**

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

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

2. **Arkansas**

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

3. **20-5222763**

(FEI number, if applicable)

4. **7/13/06**

(Date of incorporation)

5. **perpetual**

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **987 Deer Spring Drive, Jacksonville, FL 32221**

(Principal office address)

987 Deer Spring Drive, Jacksonville, FL 32221

(Current mailing address)

8. **Any lawful purpose**

(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 NOT acceptable)


Name: **Robert Conrad**

Office Address: **987 Deer Spring Drive**

Jacksonville, Florida **32221**
(City) (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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Conrad

Address: 987 Deer Spring Drive
Jacksonville, FL 32221

Vice Chairman: _____

Address: _____

Director: Robert Conrad

Address: 987 Deer Spring Drive, Jacksonville, FL 32221

Director: _____

Address: _____

B. OFFICERS

President: Robert Conrad

Address: 987 Deer Spring Drive
Jacksonville, FL 32221

Vice President: _____

Address: _____

Secretary: Robert Conrad

Address: 987 Deer Spring Drive, Jacksonville, FL 32221

Treasurer: Robert Conrad

Address: 987 Deer Spring Drive, Jacksonville, FL 32221

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

13. Robert Conrad, Director
(Signature of Director or Officer listed in number 12 of the application)

14. Robert Conrad, Director
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

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SECRETARY OF STATE
LITTLE ROCK, ARKANSAS

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

HERITAGE INNOVATIVE SOLUTIONS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office July 13, 2006.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 6th day of November 2006.

Charlie Daniels

Charlie Daniels
Secretary of State

Online Certificate Authorization Code: 24e891e269520af

To verify the Authorization Code, visit sos.arkansas.gov