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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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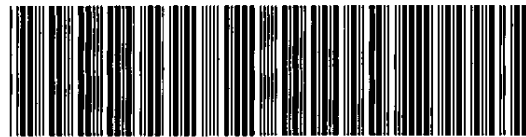
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Heritage Alternative, 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," or "Certificate of Good Standing" 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:

Dan Zavadil, Esq.

Name of Person

Heritage Alternative, Inc.

Firm/Company

1250 S. Pine Island Rd., Suite 500

Address

Plantation, FL 33324

City/State and Zip code

Daniel.Zavadil@neptunesociety.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Zavadil

at (954) 556-9451

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 Alternatives, Inc. (CA Entity Number C1706092)
(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. California 3. 95-4374647
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/27/1992 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1250 S. Pine Island Rd., Suite 500, Plantation, FL 33324
(Principal office address)
1250 S. Pine Island Rd., Suite 500, Plantation, FL 33324
(Current mailing address)

8. Cremation Services and all other lawful business
(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: Dan Zavadil

Office Address: 1250 S. Pine Island Rd., Suite 500
Plantation, Florida 33324
(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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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Tim Nicholson

Address: 1250 S. Pine Island Rd., Suite 500
Plantation, FL 33324

Vice Chairman: Jim Ford

Address: 1250 S. Pine Island Rd., Suite 500
Plantation, FL 33324

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Tim Nicholson

Address: 1250 S. Pine Island Rd., Suite 500
Plantation, FL 33324

Vice President: _____

Address: _____

Secretary: Tim Nicholson

Address: 1250 S. Pine Island Rd., Suite 500, Plantation, FL 33324

Treasurer: Gary Sobczak

Address: 1250 S. Pine Island Rd., Suite 501, Plantation, FL 33324

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. Jim Ford, Director

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

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TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

HERITAGE ALTERNATIVES, INC.

FILE NUMBER: C1706092
FORMATION DATE: 04/27/1992
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of June 17, 2010.

Debra Bowen

DEBRA BOWEN
Secretary of State