

10/4/2016

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Florida Department of State
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

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TALLAHASSEE, FLORIDA
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FOREIGN PROFIT/NONPROFIT CORPORATION

Hebna Corporation

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hebna Corporation
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:

Mia Conner

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Mia Conner for InCorp Services, Inc. at 702 866-2500
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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

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**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. Hebna Corporation

(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. Nevada3. 71-1030701

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

(FEI number, if applicable)

4. March 13, 20075. Perpetual

(Date of Incorporation)

(Date of duration, if other than perpetual)

6. Upon registration

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

7. 6205 S Main Street, STE D275 Aurora, CO 80016

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida 33470
(Zip code)

9. 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.

Mia Conner on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Craig Fullmer

Address: 14758 N Alfalfa Ave

Gardendale, TX 79758

Director: Grant Fullmer

Address: 319 Codardale Pl SW

Calgary, AB Canada T2W 5J3

B. OFFICERS

President: Joseph Lane

Address: 6205 S Main Street, D275

Aurora, CO 80016

Vice President: Grant Fullmer

Address: 6205 S Main Street, D275

Aurora, CO 80016

Secretary: Craig Fullmer

Address: 6205 S Main Street, D275 Aurora, CO 80016

Treasurer: John Fullmer

Address: 6205 S Main Street, D275 Aurora, CO 80016

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

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Joseph Lane, President

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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: John Fullmer

Address: 52 Sheep River Cove

Okotoks, AB Canada T1S 2L4

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.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Joseph Lane, President _____
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE



FILED STATE
FALLAM, NEVADA
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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEBNA CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 13, 2007, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 4, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161004-0042
You may verify this electronic certificate
online at <http://www.nvsoe.gov/>

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