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(((H170002739063)))



H170002739063ABC2

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To:

Division of Corporations

Fax Number : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone: (512)418-6949 Fax Number: (954)208-0845

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

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION THE INHERITANCE COMPANY

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## **COVER LETTER**

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SUBJECT:						
SUBJECT:		Name	of corporati	ion - must	include suffix	
Dear Sir or M	ladam:					
"Certificate o	if Existence,	n by Foreign Co or "Certificate corporation to t	of Good S	tanding" a	ind check are subi	t Business in Florida," mitted to register the
Please return	all correspon	ndence concern	ing this ma	tter to the	following:	
Eliam Medina						
		<del>_</del> _	Name	of Person		
The Inheritane	e Company					
		· · · · · · · · · · · · · · · · · · ·	Firm/C	ompany		
8724 Sunset I	Drive, Unit 16	)				
			Ac	ldress		
Miami, FL 33	173					
			City/Sta	ic and Zip	code	
eliam@beque	est.co		_			
		E-mail addres	s: (to be us	ed for futi	re annual report	notification)
For further in	iformation c	oncerning this t	natter, plea	se call:		
Eliam Medina	ı		305	216	5-8353	Í
Nan	ne of Person		Area (	Code	Daytime Telep	hone Number
Regi Divi Clift 266) Talla	stration Sect sion of Corp ton Building LExecutive Cahassee, FL	orations Center Circle			MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
□ \$70.00 F		\$78.75 Fili Certificate	ng Fee &		75 Filing Fee & ified Copy	S87.50 Filing Fee Certificate of Status & Certified Copy

19542080845 From, Ranae McGraw

DocuSign Envelope ID: F4CD58C1-B4E0-40B3-957C-A55F8C1B7649

## 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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Co	rp.")		
<del></del>			I S of a second second	in Kasimas in Elegida
			nted for the purpose of transact	
Delaware		3	(FEI number, if a	annti satalu)
October [6,20]	7 	5	(Date of dutation, if other	41 F
(Date	of incorporation)		(Date of duration, it other	er man perpetuar)
	(Date first (SEE SECTION	rransacted business in Flo NS 607,1501 & 607-1502	orida, if prior to registration) , F.S., to determine penalty liab	nility)
8724SunsetDriv	e,Unit169,Miami,FL3			
		(Principal c	office address)	500
<del></del>		(Current mailing a	ddress, if different)	<u>.</u>
		(Current mailing a	ddress, if different)	· ·
Name and stre	et address of Florida re	(Current mailing a		
	et <u>address</u> of Florida re C T Corpotation Syst	egistered agent: (P.O. B		N. 1.1.1.1.49
Name and <u>stre</u> Name:	C T Corporation Syst	egistered agent: (P.O. E		· · · · · ·
Name:		egistered agent: (P.O. E tem nd Road	Box <u>NOT</u> acceptable)	· · · · · ·
Name:	C T Corporation Syst	egistered agent: (P.O. E tem nd Road	Box <u>NOT</u> acceptable)	· · · · · ·
Name:	C T Corporation Syst 1200 South Pine Islan Plantation	egistered agent: (P.O. E tem nd Road		· · · · · ·
Name: Tice Address:	C T Corporation Syst  1200 South Pine Islan  Plantation	egistered agent: (P.O. E tem nd Road	Box <u>NOT</u> acceptable)	· · · · · ·
Name: Tice Address:  Registered ag	C T Corporation Syst  1200 South Pine Islar  Plantation  (Cont.)	egistered agent: (P.O. Elem  nd Road  City)	Box NOT acceptable) , Florida 33324	tted corporation at t
Name: ffice Address:  Registered agaving been nan	C T Corporation Syst  1200 South Pine Islar  Plantation  (the ent's acceptance: and as registered agents application. I hereby	egistered agent: (P.O. Estem  and Road  City)  at and to accept service of accept the appointment	Box NOT acceptable) , Florida 33324	ited corporation at t agree to act in this c
Name: ffice Address:  Registered agaving been nancesignated in this	C T Corporation Syst  1200 South Pine Islar  Plantation  (Content's acceptance:  med as registered agents application, I hereby comply with the provis	egistered agent: (P.O. Elem  and Road  City)  If and to accept service accept the appointment on so full statutes relations of all statutes relations.	Box NOT acceptable) , Florida 33324	ited corporation at t igree to act in this co plete performance o
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Name: ffice Address:  Registered agaving been nancesignated in this	C T Corporation Syst  1200 South Pine Islar  Plantation  (Content's acceptance:  med as registered agents application, I hereby comply with the provis	egistered agent: (P.O. Elem  and Road  City)  If and to accept service or accept the appointment of all statutes related the obligations of many constants.	Box NOT acceptable) , Florida 33324	ited corporation at t igree to act in this co plete performance o

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.

c: Page 5 of 6	2017-10-17 17:27.01 CST	19542080845 From, Range McGra	
DocuSign Envelope ID: F4CD58C1-B4E0	-40B3-957C-A55F8C1B7649	1	
11. Names and business add	lresses of officers and/or directors:		
A. DIRECTORS			
Chairman: N/A			

			ĺ
Chairman:	N/A		_
Address:			_
_	· .		_
Vice Chair	mat: N/A		_
Address:			<u> </u>
-		··········	
Director:	Eliam Medina		<u> </u>
Address:	8724 Sunset Drive, Unit 169		_
	Miami, FL 33173		<u> </u>
Director:	N/A		_
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B. OFF	ICERS	<del>-</del> 1	
	Fliam Medina	· .	
	8724 Sunset Drive, Unit 169		
Address:	Miami, FL 33173	£-	
Via Desi	ident: N/A		!
	itient.		
Address:			<u>.                                      </u>
Carrie de ma	Eliam Medina		
Address:	8724 Sunset Drive, Unit 169, Miami, FL 33173	-	
Treasurer	Eliam Medina		
Address:	8724 Sunset Drive, Unit 169, Miami, FL 33173		_
	If necessary, you may attach an addendum to the application-isting additional o	fficers and/or directors.	
12.	l / in		÷.
The offine true a third d	cer or director signing this document (and who is listed in number 11 above) affi. and that he or she is aware that false information submitted in a document to the legree felony as provided for in s.817.155, F.S.	rms that the facts stated herein Department of State constitute	S
13. Elia	um Medina, President	00)	Ļ
	(Typed or printed name and capacity of person signing application	011)	1

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE INHERITANCE COMPANY" 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 SEVENTEENTH DAY OF OCTOBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6580365 8300

SR# 20176663745

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203414221

Date: 10-17-17