F18000002490

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer;	
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W-6-V45	} 5	

Office Use Only



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RECEIVED MAY 0 7 2018

SECRETARY OF STATE

M. MILLIGAN MAY 25 2018



May 11, 2018

HEIDI H. LEGGETT 222 ADAMS AVE, APT 3 CAPE CANAVERAL, FL 32920

SUBJECT: HGC ENTERPRISES, INC.

Ref. Number: W18000044315

We have received your document for HGC ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051. ·

Michelle Milligan Senior Section Administrator

Letter Number: 418A00009837



COVER LETTER

TO:	_	tration Se on of Cor					
SUBJ	ECT:	HGC EN	TERPRISES, INC				
				of corporation	- must	include suffix	
Dear S	ir or M	adam:					
"Certif	ficate of	Existene		te of Good Stat	nding" a	nd check are sub	ct Business in Florida," mitted to register the
Please	return a	ıll corresp	ondence concer	ning this matte	r to the	following:	
HEIDI	H. LEG	GETT					
				Name of	Person		
HGC E	NTERP	RISES					
222 AE	DAMS A	VE APT	3	Firm/Con	ipany	· · · · · · · · · · · · · · · · · · ·	
CAPE	CANAV	ERAL, F	2 32920	Addr	ess		
heidile	ggett@h	otmail.com		City/State a	nd Zip o	ode	
			E-mail addres	ss: (to be used	for futur	e annual report r	notification)
For fur	ther inf	ormation	concerning this	matter, please	all:		
HEIDI	LEGGE	TT		at (404) 606 ·	- 5744	
	Name	of Persor	1	Area Cod	/ e	Daytime Telepl	none Number
	Regist Division Clifton 2661 I Tallah	ration Secon of Cor in Building Executive assee, FL	Center Circle 32301			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclose	ed is a c	heck for	the following am	юunt:			
□ \$ 70	.00 Fili	ng Fee	☐ \$78.75 Filir Certificate			5 Filing Fee & ied 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. HGC ENTER!	PRISES, INC			
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED Corp." "Inc.," "Co.," or "Corp.")	Σ,'	" "COMPANY," "CORPORATION,"	
(If name unava	itable in Florida, enter alternate corporate name	e	adopted for the purpose of transacting business in Florida)	
2. GEORGIA		3_	58-2665093	
(State or coun	try under the law of which it is incorporated)		(FEI number, if applicable)	
4. 01-01-2002	5	š.	CURRENTLY ACTIVE	
(Date of incorporation)			(Date of duration, if other than perpetual)	
6. NO PRIOR		_		
	(Date first transacted business (SEE SECTIONS 607 1501 & 607	in 15	Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 222 ADAMS AV	VE. APT 3 CAPE CANAVERAL, FL 32920		72, 1.3., to determine penanty habitity)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		al office address)	
222 ADAMS A	VE. APT 3 CAPE CANAVERAL. FL 32920	n.		201
-			g address, if different)	ਛ= ਕ==
8. Name and stre	et address of Florida registered agent: (P.	O.	D. Box NOT acceptable)	2018 MAY 24
Name:	HEIDI LEGGETT			PH.
Office Address:	222 ADAMS AVE APT 3	_	LORIO	3: 27
	CAPE CANAVERAL		, Florida <u>32920</u>	
	(City)		(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.

(Registred 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.

11. Names and business addresses of officers and/or directors:
11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address:
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: HEIDI H LEGGETT
Address: 3113 HIRAM SUDIE RD.
HIRAM, GA 30141
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
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. HEIDI H LEGGETT

Control Number: 0152582

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HGC ENTERPRISES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15742635 Date Inc/Auth/Filed: 11/29/2001 Jurisdiction : Georgia Print Date : 04/13/2018

Form Number : 211



Brian P. Kemp Secretary of State