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COVER LETTER

	_	ration Section on of Corporations			
SUBJE	CT:	Heights Finance Holding Co.			
	0.,	Name o	f corporation	n - must include suffix	
Dear Sir	ог Ма	adam:			
"Certific	ate of		of Good Star	Authorization to Transact Bunding" and check are submitteess in Florida.	
Please ге	turn a	ill correspondence concernit	ng this matte	r to the following:	
Gabby Ci	rabtree	<u>:</u>			
			Name of	Person	
Heights F	inanc	e Holding Co.			
			Firm/Con	npany	
3615 N. I	Ridge	Road			
		•	Addr	ress	
Wichita,	KS 67	205			
			City/State a	and Zip code	_
licensing	dept@				
		E-mail address:	(to be used	for future annual report notifi	cation)
For furth	er inf	ormation concerning this ma	atter, please	call:	
Gabby Ci	by Crabtree at (316) 425-1120				
	Name	e of Person	Area Cod	de Daytime Telephone	Number
F 1 3	Regist Divisi The C 2415 1	ET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDI- Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	n ations
	ike ch	check for the following amo eck payable to: FLORIDA DE ing Fee	PARTMENT g Fee &		\$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.

	orporation; must include "INCORPORATED," orp." "Inc," "Co." or "Corp.")	"COMPAN	VY." "CORPORATION	."
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the	he purpose of transacting	business in Florida)
South Carolina 3 5		57-1076628		
(State or country	y under the law of which it is incorporated)		(FEI number, if app	olicable)
01/08/1999	5.			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			y)
101 N. Main Stree	et, Suite 600, Greenville, SC 29601			
	(Principal office	street add	ress)	
	(Current mailing	address, if	different)	
Mama and steed	et address of Florida registered agent: (P.O.	Day MOT	Carcantabla)	
	C T Corporation System	DOX <u>INO 1</u>	_ассеріаніе)	
Name:				
ffice Address:	1200 South Pine Island Road			202 SI SI
office Address:	Plantation	— FL	33324	2022 FF SECR TALL A
Office Address:		— FL —·	33324 (Zip code)	2022 FEB 2 SECRETA TALL AHAS
	Plantation (City)	FL		2022 FEB 21 SECRETARY TALL AHASSE
. Registered age	Plantation (City) ent's acceptance:	 ,	(Zip code)	21 ARY (SSEE
. Registered age laving been nam esignated in this	Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	of proces	(Zip code) ss for the above stated stered agent and agree	corporation at the let to act in this capycin
Registered age laving been nam esignated in this orther agree to co	Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela	of proces ont as regi- ative to th	(Zip code) ss for the above stated stered agent and agree e proper and complete	SSECTION AT THE CORPORATION OF T
Registered age laving been nam esignated in this orther agree to co	Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	of proces ont as regi- ative to th	(Zip code) ss for the above stated stered agent and agree e proper and complete	corporation at the ple to act in this capaci e performance of my
. Registered age laving been nam esignated in this urther agree to co	Plantation (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela	of proces ont as regi- ative to th	(Zip code) ss for the above stated stered agent and agree e proper and complete	corporation at the place to act in this capecial performance of my
Having been nam lesignated in this arther agree to co and I am familiar	Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relations and accept the obligations of my positions.	of proces nt as regi: ative to th tion as reg	(Zip code) ss for the above stated stered agent and agree e proper and complete	corporation at the of the performance of inv

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS			5 5 .
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Viœ Chairman	Address:
Director	Greenville, SC 29601	□Director	Greenville, SC 29601
President		□President	
□Vice President		□Vice President	
Secretary	☐ Treasurer	Secretary	Treasurer
Other	Other	Other	Other
□Chairman □Vice Chairman □Director	Name: Richard Pfaltzfraff Name: 101 N. Main Street, Suite 600 Address: Greenville, SC 29601	☐Chairman ☐Vice Chairman ☐Director	Name:
☐President		□President	
□Vice President		□Vice President	
☐ Secretary	■ Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
Chairman	Name:	□Chairman □Vice Chairman	Name:
		□Director	
□ Director □ President		□President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	Other	□ Other	□Other □
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of Light Signature of Director of Signature of Director of Di	nt of State Annual Re	port form.
she is aware that fi s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Department	ment of State constitu	ntes a third degree felony as provided for in
13. Dwane Brya	nt Secretary (Typed or printed name and capacity of perso	n signing annlication)
	(ryped or printed name and capacity or perso	ar signing application	·

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Heights Finance Holding Co., a corporation duly organized under the laws of the State of South Carolina on January 8th, 1999, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 19th day of January, 2022.

Mark Hammond, Secretary of State