P22000003327

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





500387445665

05/10/22--01016--019 **70.00

SECHETAL ID PH 2: 42

By HAY IO CITY

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Heritage Woods	Enterpris	es, Inc.	
302331.		nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to transport to the component of the corporation of the corpora	of Good Standi	ng" and check are subr	
Please return all correspondence concerning	ng this matter to	the following:	
Corey Bray			
	Name of Pe	rson	
LegalNature LLC			
	Firm/Compa	ny	
8 The Green, Suite 4336			
	Address		
Dover, DE 19901			
	City/State and	Zip code	
Heritagewoodsenterprises@	gmail.con	า	
E-mail address	(to be used for	future annual report n	otification)
For further information concerning this ma	atter, please call	:	
Corey Bray	at (888	₎ 881-1139	
Name of Person	Area Code	Daytime Teleph	ione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amo Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing	PARTMENT O Fee & S	78.75 Filing Fee &	□ \$87.50 Filing Fee,
Certificate o	i Status (Certified Copy	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.

	opted for the purpose of transacting	business in Florida)
olina 3.	CDD 1 10	P 113
	(FEI number, if app	licable)
of incorporation)	(Date of duration, if other th	ian perpetual)
		v)
•	• • •	"
	· · · · · · · · · · · · · · · · · · ·	30 G
(Fincipal office	attier audi cos)	22 H
(Current mailing s	uddress if different)	
(Curon maning a	idadess, il diliciolity	
address of Florida registered agent: (P.O. I	Roy NOT accentable)	PILL PM 2: 42 SELIE VASSEE FLORIDA
	ook <u>nor</u> acceptable)	FILE 2
Registered Agents inc.	_	E .
7901 4th St N STE 300		7.
St. Petersburg	, Florida 33702 (Zip code)	
	Olina Junder the law of which it is incorporated) (1) Jof incorporation) (Date first transacted business in Floriting SEE SECTIONS 607.1501 & 607.1502 Estates Dr., Rockwell, NC 281 (Principal office) (Current mailing a staddress of Florida registered agent: (P.O. Elegistered Agents Inc. 7901 4th St N STE 300	(Principal office street address) (Current mailing address, if different) (Registered Agents Inc. (PEl number, if approximatel) (Date of duration, if other the other principal office street address) (Current mailing address, if different)

(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.

A. DIRECTORS	•					
☐ Chairman	Name: Alexander Castro	Chairman	Name:			
□Vice Chairman	Address: 279 Farm Estates Dr.	☐ Vice Chairman	Address:			
□Director	Rockwell, NC 28138	□Director				
		□President				
□Vice President		□Vice President				
Secretary	Treasurer	Secretary	□Treasurer			
□ Other	□Other	Other	Other			
□ Chairman	Name: Rebekah Castro	□ Chairman	Name:			
□Vice Chairman	Address: 279 Farm Estates Dr.	□Vice Chairman	Address:			
□Director	Rockwell, NC 28138	□Director				
□President		President				
₩Vice President		☐ Vice President				
☐ Secretary	☐ Treasurer	Secretary	□Treasurer			
□Other		Other	□Other			
□ Chairman	Name:	∐Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		☐ Vice President				
☐ Secretary	☐ Treasurer	Secretary	□Treasurer			
□Other	Other	Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

HERITAGE WOODS ENTERPRISES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of April, 2021, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of April, 2022.

Elaine J. Marshall