Division of Corporations

# Florida Department of State

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Division of Corporations

: (350)617-6383 Fax Number

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 128899998881 Phone

: (307)202-2803

Fax Number

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#### FOREIGN PROFIT/NONPROFIT CORPORATION

Heritage Land Management, Inc.

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Cemificate of Status	U	
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9/10/2024 06:32:07 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

# 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.

l.	Aanagement, Inc.				
	corporation; must include "INCORPORATED." " lorp." "Inc," "Co," or "Corp.")	COMPANY." "CORPORATIO	N."		
Herltage Contra	ctlng, Inc.				
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	ng business in	Florida)	
GA	3				
(State or countr	ry under the law of which it is incorporated)	(l-l:1 number, if ap	plicable}	<del></del>	
01/05/2021	5.				
(Date	5	(Date of duration, if other	than perpetua	ıl)	
6.					
	(Date first transacted business in FI (SEE SECTIONS 607,1501 & 607,1502		ity)		
7901 4th St N ST	E 300 St. Petersburg, FL 33702	criss, to determine penany mon	, <i>1</i>		
7	(Principal office)	street address)			
7901 4th St N ST	E 300 St. Petersburg, FL 33702	addicas)			
		ddress, if different)	····		
		,			,
8. Name and stree	et address of Florida registered agent: (P.O. E	Jox NOT acceptable)		<b>5</b> 23	: ٠
	Registered Agents Inc	<u>.</u>	:	7024 SEP	,
Name:	7004 14 0 14 0 75 000	<u> </u>	•	Ą	٠,
Office Address:	7901 4th St N STE 300	_	:	င်	
	St. Petersburg	, Florida		72	• •
	(City)	(Zip code)	•	PH 12:	ر ز <sub>خو</sub> ،
9 Registered ag	ent's acceptance:		ĭ	ယ် လ	
	ene's acceptance. ted as registered agent and to accept service of	of process for the above stated	d corpo <b>r</b> atio	n at the p	lace
	application, I hereby accept the appointmen				
	omply with the provisions of all statutes rela- with and accept the obligations of my positi-		te performa	nce of my	duties.
,	, , , , , , , , , , , , , , , , , , , ,				
	David Bloom	T.s.			
_	(Registered agent's signa	sture)			

<sup>10.</sup> 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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

9/10/2024 06 32:07 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

A. DIRECTORS						
□Chairman	Name: Jacob Womack	□ Chairman	Megan Hix Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	7901 4th St N STE 300	<b>∠</b> Director	7901 4th St N STE 300			
□President	St. Petersburg, FL 33702	☑ President	St. Petersburg, FL 33702			
□Vice President		□ Vice President				
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer			
②Other Officer		□Other	[]Other			
□Chairman	Blake Hix Name:	⊑ Chairman	Ashton Womack Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
<b>FiDirector</b>	7901 4th St N STE 300	(in the contract of the contra	7901 4th St N STE 300			
□President	St. Petersburg, FL 33702	C President	St. Petersburg, FL 33702			
□Vice President		□ Vice President				
☑ Secretary	☐ Treasurer	☐ Secretary	<b>☑</b> Treasurer			
□Other	Other	Other	□Other			
□Chairman	Name:	□ Chairman	Name:			
L!Vice Chairman	Address:	L. Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	Other	□Other	OOther			
Important Notice: Lise 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.  12.   We your Hit agreement 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 follow as provided for in						

s.817.155, F.S.

9/10/2024 Q6:32:07 PDT To. 18506176383 Page: 4/4 Fax: 8134365206

Control Number: 21041805

### 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. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## Heritage Land Management, 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 : 27861757
Date Inc/Auth/Filed: 01/05/2021
Jurisdiction : Georgia
Print Date : 09/06/2024
Form Number : 211

1776

Brad Raffensperger

Brad Raffensperger Secretary of State