

F990000001308

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: FAMILY HERITAGE INC FAMILY HERITAGE INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

ARMOND MALENEANT PRES.
ARMOND MALENEANT PRES
(Name of Person)
FAMILY HERITAGE INC
FAMILY HERITAGE INC
(Firm/Company)
529-MANGUM CLOSE RD
529 MANGUM CLOSE RD
(Address)
PERRY, FL 32347
PERRY FL 32347
(City/State/Zip)

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SECRETARY OF STATE
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*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

ARMOND MALENEANT at (850-584-4935) W99-5360
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 4, 1999

ARMOND MALENFRONT
FAMILY HERITAGE INC
529 MANGUM CLOSE RD
PERRY, FL 32347

SUBJECT: FAMILY HERITAGE INC.
Ref. Number: W99000005360

We have received your document for FAMILY HERITAGE INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 199A00010097

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DIVISION OF CORPORATIONS
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RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned ARMOND MALENFANT, do hereby certify
(Name)

that this Resolution of the Board of Directors of FAMILY HERITAGE INC

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEVADA,

was duly adopted on MARCH 8TH, 1999

Be it resolved, that FAMILY HERITAGE INC
(Corporate Name)

organized and existing in the State of NEVADA, hereby adopts the name

MALENFANT FAMILY HERITAGE INC for use in Florida.

Dated: MARCH 8TH 1999

Armond Malenfant PRES
Signature of either Chairman, Vice Chairman or any officer

ARMOND MALENFANT
Type or print name

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MARCH 10 AM 8:03
1999

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. FAMILY HERITAGE INC
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEVADA 3. NOT AVAILABLE
(State or country under the law of which it is incorporated) (FEI number, if applicable)
JANUARY 26-1999 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS TRANSACTED AT THIS TIME
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 529 MANGUM-CLOSE RD.
PERRY, FL 32347
(Current mailing address)

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8. REAL ESTATE INVESTMENTS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ARMOND MALENFANT

Office Address: 529 MANGUM-CLOSE RD.

PERRY, Florida, 32347
(Zip code)

10. 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.

Armond Malenfant PRES
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: ARMOND MALENFANT

Address: 529 MANGUM CLOSE RD
PERRY FL 32347

Vice Chairman: SAME AS ABOVE

Address: _____

Director: SAME AS ABOVE

Address: _____

Director: SAME AS ABOVE

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ARMOND MALENFANT

Address: 529 MANGUM-CLOSE RD PERRY FL 32347

Vice President: SAME AS ABOVE

Address: _____

Secretary: SAME AS ABOVE

Address: _____

Treasurer: SAME AS ABOVE

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Armond Malenfant PRES
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ARMOND MALENFANT PRES
(Typed or printed name and capacity of person signing application)

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DIVISION
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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FAMILY HERITAGE INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 26, 1999, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 22, 1999.



Dean Heller

Secretary of State

By

Dean E. Dierck

Certification Clerk