

M14000003137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

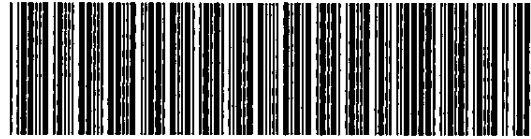
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900258164989

03/26/14--01021--006 \*\*130.00

FILED  
14 MAY -2 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 08 2014

509  
6212



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2014

MICHAEL GIANCOLA  
2139 TAPO ST STE 221  
SIMI VALLEY, CA 93063

SUBJECT: HEARTLAND VALUATION SERVICE LLC  
Ref. Number: W14000020213

We have received your document for HEARTLAND VALUATION SERVICE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in #1 must be identical to the name on the certificate of good standing.,

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 914A00006770

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Heartland Valuation Service LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Michael Giancola**

Name of Person

**Heartland Valuation Service LLC**

Firm/Company

**2139 Tapo St Ste 221**

Address

**Simi Valley CA 93063**

City/State and Zip Code

**Michael.Giancola@acranet.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael Giancola**

Name of Contact Person

at ( **805** )

Area Code

**584-3196**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Heartland Valuation Service LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **California**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-2773157**

(FEI number, if applicable)

4. **N/A**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5.

**2139 Tapo St Ste 221 Simi Valley CA 93063**

(Street Address of Principal Office)

6.

**2139 Tapo St Ste 221 Simi Valley CA 93063**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Michael Giancola Member 2139 Tapo St Ste 221 Simi Valley CA 93063**

**Paul Donaldson Member 121 Jennings Rd Cold Spring Harbor NY 11724**

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

**Michael Giancola**

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Heartland Valuation Service LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Incorp Services, Inc.**

(Name)

**17888 67TH COURT NORTH**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

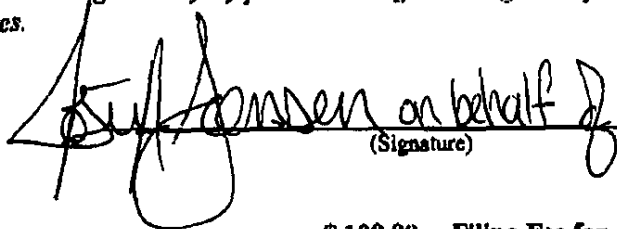
**Loxahatchee**

**33470**

**FL**

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

 on behalf of Incorp Services, Inc.  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED  
14 MAY -2 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** HEARTLAND VALUATION SERVICE LLC

**FILE NUMBER:** 201312310063  
**FORMATION DATE:** 04/19/2013  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

14 MAR -2 11:16  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of April 23, 2014.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State