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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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Foreign Limited Liability Company Heritage Interiors, LLC

Certificate of Status	Ú
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 005,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate is	one idepted for the purpose of transacting business in Flor	rica. The attenuate	name must include "Louised Liabil	ity Compuny," "L L	"C," or "I	LLC.")
Alaska		37-1	852727			
2. [Burisdiction under the law of which foreign limited handing company is organized)		3. (EEI number, if applicable)				
06/01/2021						
ł	(Date first transacted bissness in Flunds, if prine fore (See sections 605 0904 & 605,0905, F.S. to determin	gistration.) L'penalty Eability!	1			
2553 Dulles View Dr. 3		2553	Dulles View Dr. STE 70	0		
5. Street Address of Principal Office)		б. — (Mailing Addresss			-
Herndon, VA 20171		Hemi	Herndon, VA 20171			
				<u>က</u>	 }}	-
<u> </u>				<u> 50</u>	- <u>-</u> -	-"77
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	NOT accept	able)	EMRY	Y 20	
Name:	C T Corporation System		_	OF STE	7021 MAY 20 PH 4: 06	O
Office Address:	1200 South Pine Island Road		_	H	9	
	Plantation		33324 , Florida			
	(City)	-	(Zip code)			

	C T Corporation System	by Kimberly Laughrey, Asst. Secretary	V 6.14.1
By:		by Kimberly Laughrey, Asst. Secretary	was death
	(Remotered arent's a	sensure)	

From: Ranae McGraw

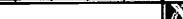
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

l'itle or Capacity:	Name and Address:	Title or Capacity	<u>v:</u>	Name and Address:
■ Manager	Name: Scott Mackie	⊒Manager	Name:	
□Member	Address: 2553 Dulles View Dr. STE 700	□Member	Address:	
□Authorized	Herndon, VA 20171	[Authorized		
Person		Person		
Other	COther	Other		□Other
[]Manager	Name:	[—] lManager	Name:	
⊡Member	Address:	⊒Member	Address:	
		Authorized		
Person		Person	-	
□Other	Other	Other	_ 	□Other
∐Manager	Name:	□Manager	Name:	
□Member	Address:	⊒Member	Address:	
∐Authorized		☐ Authorized		
Person		Person		····
⊞Other		Other		T.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.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.

Scott Machie		
	Signature of an authorized person	
SCOTT MACKIE		
	Typed or printed name of signer	



Alaska Entity #10053241

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for.

Heritage Interiors, LLC

This entity was formed on March 7, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Sulie Ciroler



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective May 7, 2021.

Julie Andersan Commissioner

