Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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From:

Account Name : ADVANCED INCORPORATING SERVICE, INC.

Account Number : 120080000093 Phone : (850)222-2677

Fax Number : (850)575-2724

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

Pm=il	Address:			
	waren.	 	 	

FOREIGN PROFIT/NONPROFIT CORPORATION HEQ INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	(Enter name of co	ANCE SERVICES, INC. httporation; must include "INCORPORATED," http://www.process.com/proce	"COMPANY," "CORPORATION,"	•		
	•	ble in Florida, emer alternate corporate name a	dopted for the purpose of transacting business in Plorida)	-		
2	Utah (State or country)	ander the law of which it is incorporated)	(FEI number, if applicable)	-		
		•				
4. 6/8/2011 (Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")	-		
,	•	-	•			
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
7 15 W SCENIC POINTE DR STE 400, Draper UT 84020						
	· · · · · · · · · · · · · · · · · · ·	(Principal office addr	ess)	_		
	15 W SCE	NIC POINTE DR STE 400, D				
		(Current mailing addr	tss)			
				44		
8.	(Purpose(s) of corporation authorized in home state or co	untry to be carried out in state of Florida)			
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)						
	Name:	Registered Agent Solutions, I	nc.	u	[C.:	
C	office Address:	155 Office Plaza Dr., Suite A			Ţ	
		Tallahassee	, Florida 32301	in the	ند. ادر	
		(City)	(Zip code)			
E d fi	Taving been nav lesignated in this urther agree to c	application, I hereby accept the appoints	ce of process for the above stated corporation at the sent as registered agent and agree to act in this cap elative to the proper and complete performance of s sition as registered agent.	acity. I		

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.

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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Stephen D. Neeleman	
Address: 15 W SCENIC POINTE DR STE 400	
Draper, UT 84020	
Vice Chairman:	·
Address:	
	······································
Director:	
Address:	·
Director:	
Address:	
B. OFFICERS	
President: Stephen D. Neeleman, President	
Address: 15 W SCENIC POINTE DR STE 400	
Draper, UT 84020	
Vice President: Mike Reske	<u> </u>
Address: 15 W SCENIC POINTE DR STE 400	
Draper, Utah 84020	<u> </u>
Secretary: Cordell Eggett	772 A 2759
Address: 15 W SCENIC POINTE DR STE 400, Draper, UT 84020	<u> </u>
Treasurer: Cordell Eggett	कुष्ट्र
Address: 15 W SCENIC POINTE DR STE 400, Draper, UT 84020	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated are true and that he or she is aware that false information submitted in a document to the Department of State cor third degree felony as provided for in a.817.155, F.S. Stophon D. Manlaman, Provident and Director	herein astitutes a

(Typed or printed name and capacity of person signing application)



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

07/06/2011 8020328-014207062011-936663

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CERTIFICATE OF EXISTENCE

Registration Number:

8020328-0142

Business Name:

HEQ INSURANCE SERVICES, INC.

Registered Date:

June 08, 2011

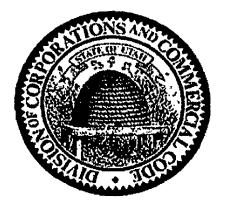
Entity Type:

Corporation - Domestic - Profit

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Hacky Berg

Kathy Berg Director

Division of Corporations and Commercial Code

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