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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

RECEIVED JUL - 6 2011**From:**

Account Name : ADVANCED INCORPORATING SERVICE, INC.
Account Number : I20080000093
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.****

Email Address: _____

**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 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. HEQ INSURANCE SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Utah

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. 6/8/2011

(Date of incorporation)

5. perpetual

(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 address)

15 W SCENIC POINTE DR STE 400, Draper UT 84020

(Current mailing address)

8. _____

(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 NOT acceptable)

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee

(City)

, Florida 32301

(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.

Art Flores, Asst. Sec
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Stephen D. NeelemanAddress: 15 W SCENIC POINTE DR STE 400Draper, UT 84020

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stephen D. Neeleman, PresidentAddress: 15 W SCENIC POINTE DR STE 400Draper, UT 84020Vice President: Mike ReskeAddress: 15 W SCENIC POINTE DR STE 400Draper, Utah 84020Secretary: Cordell EggettAddress: 15 W SCENIC POINTE DR STE 400, Draper, UT 84020Treasurer: Cordell EggettAddress: 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.

13. _____

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 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 felony as provided for in s.817.155, F.S.

14. Stephen D. Neeleman, President and Director

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

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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

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.



A handwritten signature in cursive script that reads "Kathy Berg".

Kathy Berg
Director
Division of Corporations and Commercial Code

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