F00000005705

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
- <i>1</i>	Tha Coach Fuc
SUBJECT: $\mathcal{A} \mathcal{N} \mathcal{G} \mathcal{C}$ (Name of cor	poration - must include suffix)
Dear Sir or Madam:	
Dear Sir of Madain.	
	ion for Authorization to Transact Business in Florida", ted to register the above referenced foreign corporation
Please return all correspondence concerning this	matter to the following:
Tec. of	Come Do
	Comero 800003415978 - 2
ANGOL	Coach Tue 10/05/00-01125-002
	<u>Coach エルC 10/05/00-01125-002</u> irm/Company) ******87.50 *****87.50
	301 3855 290 W (Address)
ANGOLO	<u> </u>
(City,	/State and Zip code)
For further information concerning this matter, p	olease call:
Jeanne L. Romero	olease call: OOCT
OR Mark A. KLBRECHT at (&	2/7) 66 5 6 3 6 / 1 95 m
(Name of Person)	(Area Code & Daytime Telephone Number)
	Record of the control
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
© ⋄70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Statu	

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.	ANGOLa Coach 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.	(State or country under the law of which it is incorporated) 3. 35-2038646 (FEI number, if applicable)			
4.	(Date of incorporation) 5. PerpeTual (Duration: Year corp. will cease to exist or "perpet	ual")	• -	
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificate (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		•	
7.	(Principal office address) (Principal office address)	[a].	46703	
	P.O. BOX 301 ANGOLA FN 46703 (Current mailing address)			
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	00 00	SEC	
9.	Name and <u>street address</u> of Florida registered agent: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)	7 -5		
	Name: Rodney Lee Thompson SR.	7	24.05 05 05.05 05 05 05 05 05 05 05 05 05 05 05 05 0	
О	ffice Address: 8345 N. STate Rd 33	9: 5	STATE	
	Lakehand, Florida 33809 (City) (Zip code)	0	3K	

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.

(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 business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Thomas P. ELLis
Address: 5726 Leeward Cove
FT. Wayne, IN 46804
Vice Chairman: Mark A. ELBRECHT
Address: 4429 Laeward Cove
FT. Wayne, IN 46804
Director: DR. John Zeiger
Address: 10705 MONTE VISTA COURT
FT. Wayne, IN 46804
Director: Phil Hockemeyer
Address: 8383 CRais ST, Suite 240
INdianapolis IN 46250
B. OFFICERS
President: Mark A. ElbrechT
Address: 4429 Leeward Cove
FT Wayne, IN 46804
Vice President:
Address:
Secretary: Thomas P. ELLis
Address: 5726 COVENTRY Lane, FT. Way DE IN 46804
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Thorselles (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
· · ·
14. Thomas P. ELLIS, Sec. (Typed or printed name and capacity of person signing application)



Anyout Couch
The Dream Makers

DiRECTOR:

Mark Michael 9609 Indianapolis Rd FT. Wayne, FN 46809

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

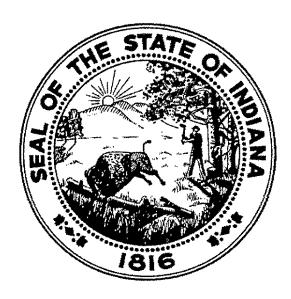
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ANGOLA COACH, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 16, 1996, and was in existence or authorized to transact business in the State of Indiana on September 27, 2000.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-Seventh Day of September, 2000.

SUE ANNE GILROY, Secretary of State

Sue ann Gilley