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(Requestor's Name)	
(Address)	
(Address)	•
(100,000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SEGRETARY OF STATE

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COVER LETTER

TO: New Filing Section
Division of Corporations
SUBJECT: Jasper Innovative Solutions, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Linda Bueltel
Name of Person
Firm/Company
PO Box 650
PO Box 650 Address All Addres
Jasper, IN 4754740650 (1985)
City/State and ZIP code Displace Code City/State
E-mail address: (to be used for future annual report notification
For further information concerning this matter, please call:
Linda Bueltel at (812) 482-1041 Name of Person Area Code & Daytime Telephone Number 5
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$78.75 Filing Fee & S78.75 Filing Fee & Certified Copy \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy Certified Copy

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.	Jasper Innovative Solutions, Inc.			
	(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	
	(If name unavailable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)	
2.	IN_	3.	26-3513171	
	(State or country under the law of which it is incorporated)	_	26-3513171 (FEI number, if applicable)	
4.	10/03/2008	5.	Perpetual	
	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")	
6.	11/01	/2	009	
			n Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7.	815 Wernsing Road Jasper, IN 475	46	5 .0 0	
	(Principal office	add	ress)	
	PO Box 650 Jasper, IN 47547-0650		WAS NOT THE NOTION OF THE NOTI	""
	(Current mailing	add	ress)	
8.	Wholesakof automobile parts - con	si	gned at customer locations 3	
	(Purpose(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: ((P.C	Box NOT acceptable)	
	Name: B.11 Kemper			
Of	Pon pano Beach, FL 33			
	Pompano Beach, FL 33	ملا	9 , Florida	
	(City)		(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.

Bill Kenne (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	husiness	addresses	of c	officers	and/or	directors:
14.	Tannes	anu	Dubinoss	auulvaava	$o_1 \cdot$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and, or	un colors.

A. DIRECTOR'S		
Chairman: See attached		
Address:		
•		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
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	2909 NOV SEGRET	·77
B. OFFICERS	V-9 IAR) ASSI	Sandragen's
President:		<u> </u>
Address:	! — (\}	
	\$ 5 5	
Vice President:		
Address:		
Secretary:	<u> </u>	
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors	
13. Lagrand Silverich (Signature of Director or Officer listed in number 12 of the application)	tion)	
14. Raymond Schwenk, Secretary	•	
(Typed or printed name and capacity of person signing applicatio	n)	

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SECRETARY OF STATE.

Jasper Innovative Solutions, Inc. 26-3513171
Owner Listing

Name Douglas Bawel

Ownership % 21.25%

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4380 W Division Road Jasper, IN 47546	106 N Westlin Drive Jasper, IN 47546	2667 S. Meridian Road Jasper, IN 47546	151 Skyview Drive Jasper, IN 47546	120 E 190 N Jasper, IN 47546	1663 Gregory Lane Jasper, IN 47546	1750 Mushroom Lane Jasper, IN 47546	Residence Address PO Box 621 Jasper, IN 47546

Ralph Schwenk

11.25%

Zachary Bawel

10.00%

Brad Bawel

10.00%

Carl Witte III

3.75%

1854 N Meridian Road Jasper, IN 47546 Rita Uebelhor

11.25%

Jeffery Bawel

10.00%

Raymond Schwenk

11.25%

Michael Schwenk

11.25%

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

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SECRETARY OF STATE.
TALLAHASSEE, FLORMA

To Whom These Presents Come, Greetings:

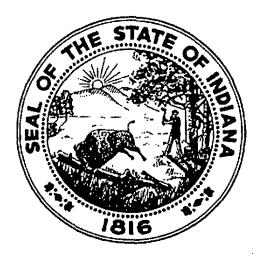
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

JASPER INNOVATIVE SOLUTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 03, 2008, and was in existence or authorized to transact business in the State of Indiana on October 12, 2009.

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 Twelfth Day of October, 2009.

TODD ROKITA, Secretary of State

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