

F11000000382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

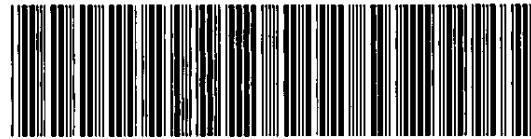
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Penalty

*completed wrong application
this is a Profit Corporation.*

Office Use Only



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02/01/11--01010--001 **1235.00

11/29/10--01040--011 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 25 A 9:35

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INDIANA PAGING NETWORK, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM EISELE

Name of Person

INDIANA PAGING NETWORK, INC.

Firm/Company

6745 W. JOHNSON ROAD

Address

LAPORTE, IN 46350

City/State and Zip Code

CMONTGOMERY@INDIANAPAGING.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY MONTGOMERY

Name of Person

at (219) 874-5000

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2010

WILLIAM EISELE
INDIANA PAGING NETWORK, INC.
6745 W. JOHNSON ROAD
LAPORTE, IN 46350

SUBJECT: INDIANA PAGING NETWORK, INC.
Ref. Number: W10000055827

We have received your document for INDIANA PAGING NETWORK, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,235.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 810A00027962

INDIANA PAGING NETWORK, INC.

35-1295049 ATX1

**APPLICATION BY FOREIGN
CONDUCT ITS AFFAIRS IN FLORIDA**

PROFIT CORPORATION FOR AUTHORIZATION TO

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. INDIANA PAGING NETWORK, INC.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. INDIANA 3. 35-1295049
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/16/1973 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/16/1998
(Date first conducted affairs in Florida if prior to registration. See sections 607.1501 & 607.1502, F.S. to determine penalty liability.)

7. 6745 W. JOHNSON ROAD, LAPORTE, IN 46350
(Principal office address)

6745 W. JOHNSON ROAD, LAPORTE, IN 46350
(Current mailing address)

8. WAGES PAID TO EMPLOYEE LOCATED IN FLORIDA
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: ENID EISELE

Office Address: 662 REILLY'S ROAD

PORT ORANGE, Florida 34332
(City) (Zip Code)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Enid M. Eisele

(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.

INDIANA PAGING NETWORK, INC.

35-1295049 ATX1

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: WILLIAM EISELE

Address: 6745 W. JOHNSON RD.

LAPORTE, IN 46350

Vice President: _____

Address: _____

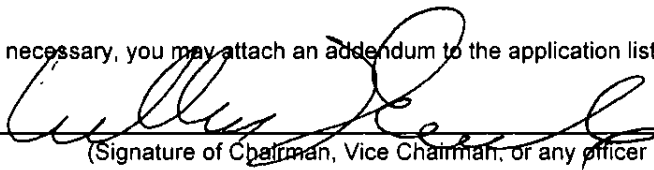
Secretary: ENID EISELE

Address: 662 REILLY'S RD., PORT ORANGE, FL 34232

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. WILLIAM EISELE - PRESIDENT

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

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2011 JAN 25 A 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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2011 JAN 25 A 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

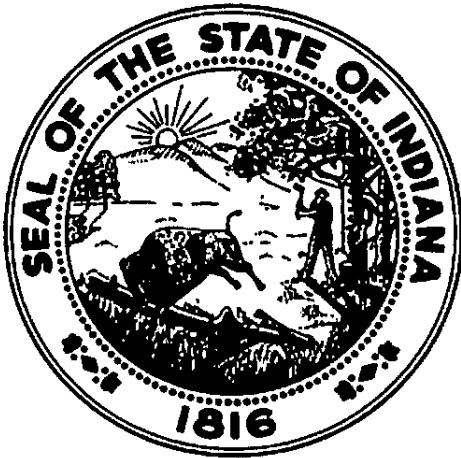
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

INDIANA PAGING NETWORK, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 16, 1973, and was in existence or authorized to transact business in the State of Indiana on November 08, 2010.

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 Eighth Day of November, 2010.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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