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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: New Filing Section				
Division of Corporations				
SUBJECT: KINDER VI	SION, IN	CORPORATED		
ı	Name of corpor	ation - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporations."	ificate of Good	Standing" and check are sub-		
Please return all correspondence co	ncerning this m	atter to the following:		
DOUGLAS JE	BASTIAN	<u>'</u>		
	Nam	e of Person		
KINDER VISION,	INCORE	PORATED		
	Firm/	Company	. ,	
27 JANOPIPED	C LANE			
87 JANDPIPED PARM COAST,	A	Address <i>32137</i>		
	City/Sta	ate and Zip code	P	
DIEB ASTIAN G	KINDER	2VISION. DRG		
		sed for future annual report n	otification) 26	
For further information concerning	this matter, plea	ase cail:	Cas	
DOVELAS JEBAST	79Vat (38	86, 986-040	PA PA PA	
Name of Person	A	rea Code & Daytime Telepho	one Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the followin	g amount:			
	Filing Fee & cate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

KINDER VISION, INCORPORA Enter name of corporation; must include "INCORPORA Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	ATED," "COMPANY," "CORPORATION,"
	name adopted for the purpose of transacting business in Florida)
INDIANA	3. 35-1941922 d) (FEI number if applicable)
face of country under the law of which it is incorporated	(PET number, if applicable)
//13 /1995	5. PERPETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
(SEE SECTIONS 607.1501 &	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
2296 JOUTH BUSINESS 3 (Principal office	1 PERU, IN 46970
(Principal office 2296 JOUTH BUSINESS 3) (Current mailin	ce address)
2296 JOUTH BUSINESS 31	1 8EDUS, 10 48970
(Current mailir	ng address)
CHILD SAFETY EDVCATION	PROLEAMS ES
(Purpose(s) of corporation authorized in home state	e or country to be carried out in state of Florida)
Name and street address of Florida registered agent:	: (P.O. Box NOT acceptable)
Name: DOUGLAS SEBAS	· · · · · · · · · · · · · · · · · · ·
ce Address: 27 JANOY18EX	LANE
PARM COAST	. Florida 32/37
(City)	(Zip code)
gnated in this application, I hereby accept the app	service of process for the above stated corporation at the place pointment as registered agent and agree to act in this capacity, utes relative to the proper and complete performance of my dumy position as registered agent.

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: MARK HUBBARD		· · · ·	
Address: 1025 N, NILES AVE			
SOUTH BENSO, IN 46617			** · · · · ·
Vice Chairman: BILL KEHLEECK			
Address: 60 UNION STREET			
SO. WEYMOUTH, MA 02190			
Director: £117 ABETH JIO			···
Address: 11530 KIRBY 82 JAN DIEGO, CA 9212L			
Director: CHR13 Mª DONOVAH	A.S.C.	報	
Address: 13770 STEVENS POINT DRIVE	2 m m m m		
FRISCO, TX 75034	N. C.	26	1
B. OFFICERS_		PH 2	garante garante
President: DOUGLAD JEBASTIAN	0 77	=	
Address: 27 JANOPIPER LANE			
8A2M COAST, FL 32137			
Vice President: ANDY MARS			
Address: 17011 BEACH BLYD, SVITE 750 HUNTING	TON BETTE	4, 0	A 9269
Secretary: NANCY SEBASTIAN Address: 27 SANOPIPER LANE, PARA COAST, FL Treasurer: FARM COAST, FL 32137 DOKNAS SE			
Address: 27 SANOPIPER LANE, PARM COAST, FL	- 321	3フ	
Treasurer: Fram Const. 12 32137 DOUGLAG SE	BETIAN		
Address: Same AS ABOVE			
NOTE: If necessary, you may affach an addendum to the application listing additional off	ficers and/or di	rectors.	
13. Signature of Director or Officer			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 shows)	ng that the feet	0 0404-	l horoin
The officer or director signing this document (and who is listed in number 12 above) affirn are true and that he or she is aware that false information submitted in a document to the D			
third degree felony as provided for in s.817.155, F.S.	•		
14. DOUGLAS JEBASTIAN, PRESIDENT			
(Typed or printed name and capacity of person signing application	1)		

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

To Whom These Presents Come, Greetings:

I, Charles P. White, 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

KINDERVISION, INCORPORATED

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 13, 1995, and was in existence or authorized to transact business in the State of Indiana on June 08, 2011.

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 June, 2011.

Charles P. White, Secretary of State

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