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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies Certificates of Status		of Status
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Special Instructions to	Filing Officer:	
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THANKS FERRINGS

MRD/ 1/15/13

### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: INdiana Firefighters foundation in C  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 Status" 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:			
Christopher D Pirtle			
INCIANA FireFighters Foundation INC Firm/Company			
1031 18th ST SUITE-K			
Vero Bcl FL 32960 City/State and Zip Code			
CPirtle40 @ 9mail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Chris Pirtle at 317, 476-0775			
Name of Person 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 Certificate of Status □ \$78.75 Filing Fee Certificate of Status □ \$87.50 Filing Fee, Certificate of Status &			

Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

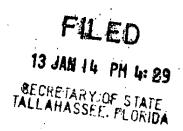
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA.
THE STATE OF FLORIDA:  IN LIND IANA Fire fighters FOUNDATION, INC.
(Name of corporation: must include the 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. TNLIANA (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. S-13-11 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 103/ 18# ST SUITE K Vero Bek, F/ 32960 (Principal office address)
1031 W 18 <sup>IL</sup> ST Svike K Vero Bch F1 32960 (Current mailing address)
(Current maning address)
8. DATA ENTRY & INVOICING (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: Ridge Pintle
Office Address: 2903 6 57 SW
Vero Beh , Florida 32960 (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.
Registered agent's signature)
(Negistered 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 addresses of officers and/or directors A. DIRECTORS Vice Chairman: Address: Address: **B. OFFICERS** Soike K Vice President: Address: Address: Treasurer: Address:\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

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



To Whom These Presents Come, Greetings:

I, Connie Lawson, 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 FIREFIGHTERS FOUNDATION, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 13, 2011, and was in existence or authorized to transact business in the State of Indiana on January 09, 2013.

I further certify this Non-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 Ninth Day of January, 2013.

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Connie Lawson, Secretary of State

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