

F13000003538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

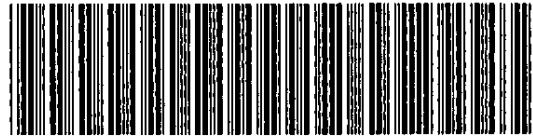
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/30/13--01030--003 \*\*78.75

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13 AUG 14 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2013

DAVID THOMPSON  
500 E. 96TH ST., STE.300  
INDIANAPOLIS, IN 46240

SUBJECT: HKP CORP.  
Ref. Number: W13000043239

We have received your document for HKP CORP. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Maryanne Dickey  
Regulatory Specialist II

Letter Number: 213A00018624

Department of State  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

Please find enclosed a copy of HKP Corp's Certificate of Existence issued by the Indiana Secretary of State. It has come to HKP Corp's attention that this was missing from our previously submitted application. If you will please add this certificate to the application and process the application at your earliest convenience, I would greatly appreciate it.

Thank you in advance for your assistance in this matter. Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan M. Rygg', with a stylized, sweeping flourish extending from the end of the name.

Jonathan M. Rygg

Legal Assistant

317-428-1906

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** HKP CORP.

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," or "Certificate of Good Standing" 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:

DAVID THOMPSON

Name of Person

HKP CORP.

Firm/Company

500 E. 96TH ST. STE. 300

Address

INDIANAPOLIS, IN 46240

City/State and Zip code

DTHOMPSON@HERMANKITTLE.COM

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

For further information concerning this matter, please call:

DAVID THOMPSON at ( 317 ) 663-6814

Name of Person

Area Code & Daytime Telephone 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 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

**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

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13 AUG 14 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. HKP Corp.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA

(State or country under the law of which it is incorporated)

3. 20-1999911

(FEI number, if applicable)

4. 12/13/2004

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 1, 2013

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 500 E. 96TH ST. STE. 300 INDIANAPOLIS, IN 46240

(Principal office address)

500 E. 96TH ST. STE. 300 INDIANAPOLIS, IN 46240

(Current mailing address)

8. Engage in any business permitted by the laws of the State of Indiana

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Registered Agent Solutions, INC.

Office Address: 155 Office Plaza Drive, Ste. A.

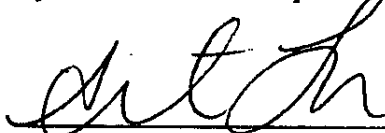
Tallahassee, Florida 32301

(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.*

 Art Flores, Asst. Sec.  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: JEFFREY L. KITTLE

Address: 500 E. 96TH ST. STE. 300 INDIANAPOLIS, IN 46240  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: JEFFREY L. KITTLE

Address: 500 E. 96TH ST. STE. 300 INDIANAPOLIS, IN 46240  
\_\_\_\_\_

Treasurer: JEFFREY L. KITTLE

Address: 500 E. 96TH ST. STE. 300 INDIANAPOLIS, IN 46240  
\_\_\_\_\_

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

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. PRESIDENT

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

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**HKP CORP.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 13, 2004, and was in existence or authorized to transact business in the State of Indiana on August 02, 2013.

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 Second Day of August, 2013.

*Connie Lawson*

Connie Lawson, Secretary of State

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