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(Address)

(Address)

(City/State/Zip/Phone #)

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14 FEB -6 PM 4:13  
CLERK OF THE STATE  
OF FLORIDA

MD 2/11

## COVER LETTER

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

**SUBJECT:** Alliance America of Indiana Corporation

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:

James K Boyles

Name of Person

Alliance America of Indiana Corporation

Firm/Company

11523 Palmbrush Trail #180

Address

Bradenton, FL 34202

City/State and Zip code

jboyles@allianceam.com

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

For further information concerning this matter, please call:

James K Boyles

Name of Person

at ( 888 ) 504-0288

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:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

14 FEB - 6 PM 4:14

1. **Alliance America of Indiana Corporation**

(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**

3. **27-4465226**

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

(FEI number, if applicable)

4. **01/06/2011**

5. **Perpetual**

(Date of incorporation)

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

6. \_\_\_\_\_

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

7. **11523 Palmbrush Trail #180, Bradenton, FL 34202**

(Principal office address)

**11523 Palmbrush Trail #180, Bradenton, FL 34202**

(Current mailing address)

8. **Life insurance agency**

(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: **InCorp Services, Inc.**

Office Address: **17888 67th Court N**

**Loxahatchee**


(City)

, Florida **33470**

(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.*

 Natalie Bales on behalf of Incorp Services, Inc.  
(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: James K Boyles

Address: 11523 Palmbrush Trail #180, Bradenton, FL 34202

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

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

**B. OFFICERS**

President: James K Boyles

Address: 11523 Palmbrush Trail #180, Bradenton, FL 34202

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

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

Secretary: James K. Boyles

Address: 11523 Palmbrush Trail #180, Bradenton, FL 34202

Treasurer: \_\_\_\_\_

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

**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. James K. Boyles, President

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

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

14 FEB -6 PM 4:14  
RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
INDIANAPOLIS, INDIANA

To Whom These Presents Come, Greetings:

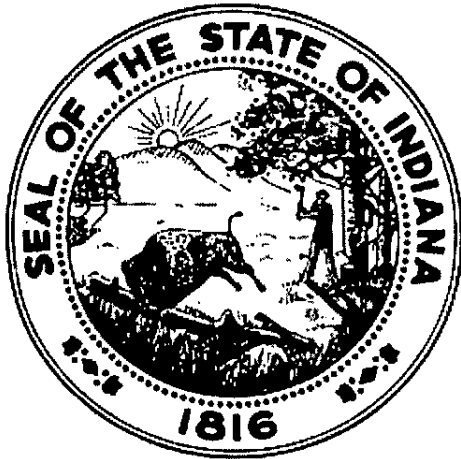
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**ALLIANCE AMERICA OF INDIANA CORPORATION**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 06, 2011, and was in existence or authorized to transact business in the State of Indiana on January 27, 2014.

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 Twenty-Seventh Day of January, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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