# F1400001811

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nar | me)         |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    | }           |
|                         |                    |             |
|                         |                    |             |

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TO ADVIGATED SERVICES OF FILING

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SECRETARY OF STATE

m/25/14

### **COVER LETTER**

| TO: New Filing Section Division of Corporations                                                                                                           |                                                                                     |                                                  |               |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|---------------|---------|
| SUBJECT: United Consu                                                                                                                                     | mers Club I                                                                         | ncorpora                                         | Lea           | 义       |
| Name of corporati                                                                                                                                         | tion - must include suffix                                                          | T                                                |               |         |
| Dear Sir or Madam:                                                                                                                                        |                                                                                     |                                                  |               |         |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but | Standing" and check are subm                                                        |                                                  |               |         |
| Please return all correspondence concerning this ma                                                                                                       | atter to the following:                                                             |                                                  |               |         |
| Ne wil                                                                                                                                                    | of Person                                                                           | )                                                |               | <b></b> |
| Name                                                                                                                                                      | of Person                                                                           |                                                  |               |         |
| Sunshine Corporate & Filing Services, Inc. 3458 Lakeshore Drive Tallahassee, FL 32312                                                                     | Company                                                                             | <u></u>                                          |               | ~       |
| A                                                                                                                                                         | ddress                                                                              |                                                  |               | -       |
| Cityles                                                                                                                                                   | tte and Zip code                                                                    | <del></del>                                      |               | -       |
| ting acff @ con                                                                                                                                           | ncast ne t                                                                          |                                                  |               |         |
| tina. goff@cor<br>E-mail address: (to be us                                                                                                               | sed for future annual report no                                                     | tification)                                      |               | -       |
| For further information concerning this matter, plea                                                                                                      | ase call:                                                                           |                                                  |               |         |
| Tina Goff at (85                                                                                                                                          | rea Code & Daytime Telephor                                                         | 24                                               |               |         |
| Name of Person A                                                                                                                                          | rea Code & Daytime Telephor                                                         | SECRE                                            | 14 APF        |         |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                   | MAILING AD<br>New Filing Sec<br>Division of Cor<br>P.O. Box 6327<br>Tallahassee, FL | tion SEP SI                                      | R 24 AM 9: 03 | FILED   |
| Enclosed is a check for the following amount:                                                                                                             |                                                                                     |                                                  |               |         |
| \$70.00 Filing Fee \$\times \text{Certificate of Status}                                                                                                  | □ \$78.75 Filing Fee & Certified Copy                                               | \$87.50 Filing<br>Certificate of<br>Certified Co | f Statu       | s &     |

## 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.

|                                          | ible in Piorida, enter alternate corporate hair | ne adopted for the purpose of transacting business in Florid                          | Ja)            |
|------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|----------------|
| Indiana                                  | -                                               | 3. (FEI number, if applicable)                                                        |                |
| (State or country                        | •                                               |                                                                                       |                |
| 11/29/19 <sup>(Date</sup>                | of incorporation)                               | 5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual                 | [")            |
| •                                        |                                                 |                                                                                       |                |
| *                                        |                                                 | s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) | <del></del>    |
|                                          | (SEE SECTIONS 607.1301 & 607                    | (1302, F.S., to determine penancy matrice)                                            |                |
| ·                                        | (Principal office a                             | address)                                                                              | <del></del>    |
| 8450 BRC                                 | · · · · · · · · · · · · · · · · · · ·           | LLE, IN 46433                                                                         |                |
| (au ann 1 ann 1 an 1 an 1 an 1 an 1 an 1 | (Current mailing a                              | iddress)                                                                              | <del></del>    |
| 94EA DD                                  | OADWAY MEDDILL                                  | VIII = IN 46433                                                                       |                |
| . 043U DK                                | OADWAY MERRILL                                  | country to be carried out in state of Florida)                                        | <del></del>    |
| • •                                      | •                                               |                                                                                       | ੇ <b>ਨ</b>     |
| . Name and street                        | t address of Florida registered agent: (I       | <b>₽</b> γ                                                                            | APR 24         |
| Name:                                    | Registered Agent Solutions                      | <u>, Inc.</u>                                                                         |                |
| Office Address:                          | 155 Office Plaza Dr., Su                        | بنني                                                                                  |                |
|                                          | Tallahassee                                     | , Florida 32301 (Zip code)                                                            | 9: 03<br>STATE |
|                                          | (City)                                          | ——————————————————————————————————————                                                | ന് പ്ര         |

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.

## FILED

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

| A. DIRECTORS                                     | 14 APR 24 AM 9: 03                                                                                                                                                                                                           |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chairman:                                        | SECRETARY OF STATE. TALLAHASSEE, FLORIDA                                                                                                                                                                                     |
| Address:                                         |                                                                                                                                                                                                                              |
| Vice Chairman:                                   |                                                                                                                                                                                                                              |
| Address:                                         |                                                                                                                                                                                                                              |
| Director:                                        |                                                                                                                                                                                                                              |
| Address:                                         |                                                                                                                                                                                                                              |
| Director:                                        | ·                                                                                                                                                                                                                            |
| Address:                                         |                                                                                                                                                                                                                              |
| President: Michael P Bornh Address: 8450 BROADWA |                                                                                                                                                                                                                              |
| Vice President: Curt Hilliard                    |                                                                                                                                                                                                                              |
| Address: 8450 BROADWA                            | Y MERRILLVILLE, IN 46433                                                                                                                                                                                                     |
| Secretary: Charles J Yast                        |                                                                                                                                                                                                                              |
| Address: 8450 BROADWA                            | Y MERRILLVILLE, IN 46433                                                                                                                                                                                                     |
| Treasurer: Kevin J McKeon                        |                                                                                                                                                                                                                              |
| Address: 8450 BROADWA                            | Y MERRILLVILLE, IN 46433                                                                                                                                                                                                     |
| NOTE: If necessary, you may attact               | n an addendum to the application listing additional officers and/or directors.                                                                                                                                               |
| The officer or director signing this de          | Signature of Director or Officer ocument (and who is listed in number 12 above) affirms that the facts stated herein hat false information submitted in a document to the Department of State constitutes in s.817.155, F.S. |

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

FILED

14 APR 24 AM 9: 03

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

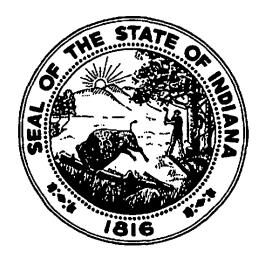
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### UNITED CONSUMERS CLUB INCORPORATED

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 29, 1971, and was in existence or authorized to transact business in the State of Indiana on April 23, 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-Third Day of April, 2014

Corrie Lawson

Connie Lawson, Secretary of State

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