F17000002314

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
NP				

Office Use Only



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05/22/17--01015--025 **70.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

M. MILLIGAN NAY 2 2 2017

COVER LETTER

TO:	Registration Section Division of Corporations
CHDI	ECT: MLJ ADOPTIONS INTERNATIONAL INC.
SUDJ	Name of Corporation – must include suffix
Dear S	Sir or Madam:
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Sheri Molnar
	Name of Person
	MLJ Adoptions
	Firm/Company
	617 E. North Street
	Address
	Indianapolis, IN 46204
	City/State and Zip Code
	accounts@mljadoptions.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Sheri	Molnar 317 875-0058 at ()
	Name of Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	sed is a check for the following amount:
= \$70	0.00 Filing Fee

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:

1.	IONS INTERNATIONAL INC.			
import in langua	age as will clearly indicate that it is a corpor	RATED" or "CORPORATION" or words or abbrevial ration instead of a natural person or partnership if not ed as a corporate suffix by a nonprofit corporation.)	tions of like so contained	
(If name unava	ailable in Florida, enter alternate corporate	name adopted for the purpose of transacting business	in Florida)	
a Indiana		471256197		
2. (State or cou	ntry under the law of which it is incorporate	3. 471256197 (FEI number, if applicable)		
	·	• • • • • • • • • • • • • • • • • • • •		
4([Date of Incorporation)	5. Perpetual (Date of duration, if other than perpe	tual)	
6.				
(Date first cond	ucted affairs in Florida if prior to registration	. See sections 617.1501 & 617.1502, F.S, to determine	penalty liability.	.)
7. 617 E. North S	Street, Indianapolis, IN 46204			
	(Princi	pal office address)		
· · · · · · · · · · · · · · · · · · ·	(Current mai	ling address, if different)	·····	
MLJ provides	ethical, compassionate and attentive adopti	ion services.	-	
(Purpose(s) of	corporation authorized in home state or cou	ion services. Intry to be carried out in the state of Florida)		<u>/</u>
0.31	and the country of the country of	(D.O. D. NOW)	2 92	
9. Name and <u>str</u>	eet address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	MAY 22	37
Name:	Nicole Skellenger			유민
Office Address:	2757 NW 26th Street		AM 8: I	
		, Florida <u>33434</u>	_ io) TT.
	(City)	(Zip Code)	•	•
10 Pagistares	l agent's acceptance:			
Having been no designated in th further agree to	tmed as registered agent and to accept is application, I hereby accept the app comply with the provisions of all stat	t service of process for the above stated corpora pointment as registered agent and agree to act i utes relative to the proper and complete perfort ons of my position as registered agent.	in this capacit	ace ty. I
	Acol Sp/len	<u></u>		
	(Regist	ered 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	17 MAY 22
Michele Jackson Chairman:	夏节
9910 Cumberland Road Address:	
Fishers, IN 46037	至
David Wilkinson Vice Chairman:	
615 N. Elm Street Address:	
Zionsville, IN 46077	
Dennis Carroll Director:	
16320 Kenora Lane Address:	
Fortville, IN 46040	
Director:	
Address:	
•	
B. OFFICERS	
Hank Tajkowski President:	
2240 W. Winnemac Avenue Address:	
Chicago, IL 60625	
Carrie Abbott Vice President:	
7850 Scarboroaugh Blvd. S. Drive Address:	
Indianapolis, IN 46256	
Aisha Shamsi Secretary:	
11842 E. 131st Street, Fishers, IN Address:	
David Eplion	
Treasurer:1124 Silver Hills Lane, New Albany, IN 47150 Address:	
Autress.	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
13. Michel 2 Ouchac	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the at Michele Jackson, Chairman	pplication)
14. (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, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

MLJ ADOPTIONS INTERNATIONAL INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 27, 2014, and was in existence or authorized to transact business in the State of Indiana on May 11, 2017.

I further certifiy this Domestic Nonprofit 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 11, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

2014052700277 / 2017304348

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate