

F17000005694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

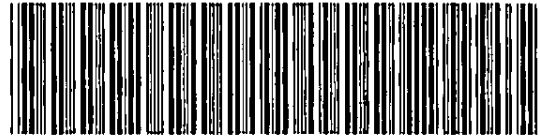
(Document Number)

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

Special Instructions to Filing Officer:

name W17-96576

Office Use Only



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17 DEC 18 PM 5:42  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

S. WARREN  
DEC 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2017

KATHERINE YOUNGER  
201 S CAPITOL AVE, SUITE 505  
INDIANAPOLIS, IN 46225

SUBJECT: PROS CONSULTING INC.  
Ref. Number: W17000096576

We have received your document for PROS CONSULTING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P16000069290 PRO CONSULTING INC.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 717A00024600

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROS Consulting INC  
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:

Katherine Younger  
Name of Person

PROS Consulting, INC  
Firm/Company

201 S. Capitol Ave., Suite 505  
Address

Indianapolis, IN 46225  
City/State and Zip code

Katherine.younger@prosconsulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Younger at (317) 840-2020  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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 TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

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

PROS Inc Leon Younger ~ PROS Consulting, INC  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 35-1962892  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Feb 27, 2013 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 0  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 S. Capitol Ave., Suite 505 Indianapolis, IN 46225  
(Principal office address)

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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9. 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.*



Peter Trawinski  
Assistant Secretary

(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: N/A

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

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

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

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

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

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

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

**B. OFFICERS**

President: Leon Younger

Address: 31 Hollaway Blvd  
Brownsburg, IN 46112

Vice President: Katherine Younger

Address: 31 Hollaway Blvd  
Brownsburg, IN 46112

Secretary: \_\_\_\_\_

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

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

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

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CLERK OF STATE  
INDIANAPOLIS, INDIANA

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

12. Katherine Younger  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Katherine Younger - Vice-President  
(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:

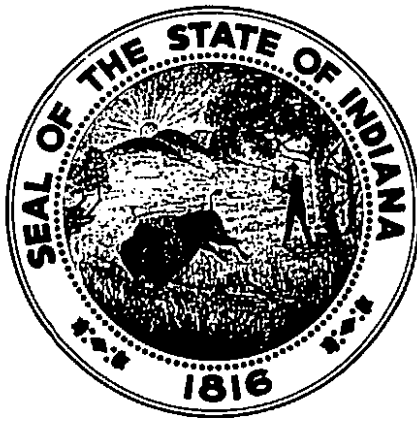
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**PROS CONSULTING INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 06, 1995, and was in existence or authorized to transact business in the State of Indiana on October 03, 2017.

I further certify this Domestic For-Profit 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, October 03, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1995090224 / 2017418879

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