

F1800003879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

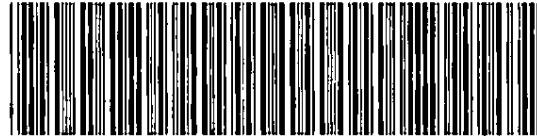
(Business Entity Name)

(Document Number)

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

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2018 AUG 15 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D BRUCE  
AUG 23 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Village Capital 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:

Niki Synder

\_\_\_\_\_  
Name of Person

Village Capital Corporation

\_\_\_\_\_  
Firm/Company

770 3rd Avenue S.W.

\_\_\_\_\_  
Address

Carmel, Indiana 46032

\_\_\_\_\_  
City/State and Zip code

nsynder@pedcor.net

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

For further information concerning this matter, please call:

Troy Buchanan

at ( 317 ) 2083758

\_\_\_\_\_  
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

2018 AUG 15 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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*

1. Village Capital Corporation  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Village Capital Corp  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. IN 3. 35-1921785  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 25, 1994 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 20, 2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 770 3rd Avenue S.W. Carmel, Indiana 46032  
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

Corporation Service Company

By: Tracy Manganelli

(Registered agent's signature)

**Tracy Manganelli**  
**Assistant VP**

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.

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STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: Bruce Cordingley

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

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

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

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

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

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

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

**B. OFFICERS**

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

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

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

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

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

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

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

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

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

12. 

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. Abigail Frantz, Vice President & Secretary

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

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TALLAHASSEE, FLORIDA

## OFFICERS

### Village Capital Corporation

President	Donald Neel
Senior Vice President	Melissa Averitt
Senior Vice President	Alison Birge
Senior Vice President	Kirby J. Purciful
First Vice President	Jacob Kuhn
Vice President	Craig Lintner
Vice President and Secretary	Abigail G. Frantz
Vice President and Counsel	Jason Schnellenberger
Vice President	Laurie Siler
Assistant Vice President	Dave Serie
Assistant Vice President	Allie Brown
Assistant Vice President	Troy Meyers

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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

**VILLAGE CAPITAL CORPORATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 25, 1994, and was in existence or authorized to transact business in the State of Indiana on August 06, 2018.

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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 06, 2018

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1994041489 / 2018690228

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on September 05, 2018.