F19000002676

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer: * Leslie requested the d add the ", is." to the name	ot
Office Use Only	



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SUFFICIANT OF STATE
SUFFICIANT OF STATE
TALL ARASSEE, PLONIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2019

DEBORAH BRUNSON 8010 CASTLETON RD INDIANAPOLIS, IN 46250

SUBJECT: WHEATON VAN LINES INC

Ref. Number: W19000048340

We have received your document for WHEATON VAN LINES 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6052.

Letter Number: 619A00010925

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org



May 16, 2019

DEBORAH BRUNSON 8010 CASTLETON RD INDIANAPOLIS, IN 46250

SUBJECT: WHEATON VAN LINES INC

Ref. Number: W19000048340

We have received your document for WHEATON VAN LINES 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 119A00009946

RECEIVED

MAY 3 0 2019

COVER LETTER

TO: Registration Section Division of Corporat	ions				
Wheaton Van I					
SUBJECT:	Name of corpora	ation - mu	st include suffix	·•	
Dear Sir or Madam:					
The enclosed "Application be "Certificate of Existence." or above referenced foreign cor	"Certificate of Good	Standing	" and check are submitte	siness in Flo ed to register	rida." the
Please return all corresponde Deborah Brunson	nce concerning this m	natter to th	ne following:		
	Nam	e of Perso	า		
Wheaton Van Lines					
	Firm/	Company			
8010 Castleton Road					
		\ddress			
Indianapolis, 1N 46250				ALS	19
	City/St	ate and Z	p code	مين من	=
hr@wvlcorp.com				×	= -
E	mail address: (to be t	ised for fi	ture annual report notifi	cation)	15 P
For further information conc	erning this matter, plo	ase call:		FLOR	64 th #8
Leslie Pinon	317 at (5	58-0160	10 m	ča.
Name of Person			Daytime Telephone	Number	-
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 321	tions ter Circle		MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n rations	
Enclosed is a check for the f	ollowing amount:				
☐ \$70.00 Filing Fee ☐	\$78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & = rtified Copy	\$87.50 Filir Certificate Certified C	of Status &

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.

Wheaton Van Lin (Enter name of con	rporation; must include "INCORPORATED," "	COMPANY," "CORPORATION	**
"lnc" "Co" "Co	rp," "Inc," "Co," or "Corp.")	•	
(If name unavailab	ole in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	business in Florida)
Indiana	3	5-0795042	
(State or country	under the law of which it is incorporated)	(FEI number, if app	olicable)
Sentember 28 10	045 5		
(Date	of incorporation)	(Date of duration, if other	than perpetuar)
		The identification to registration)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabili	ty)
3010 Castleton Ro	Indianapolis, IN 46250		
<u> </u>	(Principa	l office address)	
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Dave Belford		A 19
CC Addingon	1770 N. Orchid Island Circle		
ffice Address:	Vero Beach	32963 Florida	A 88 - 10 = 1
	Velo Deach		
	(City)	(Zip code)	
	(City)		
	(City) ent's acceptance:	(Zip code)	ed corporation at the plan
aving been nam	ent's acceptance: ned as registered agent and to accept services. It bears to accept the appointment	(Zip code) ce of process for the above statement as registered agent and ag	ed corporation at the place ree to act in this capacity
aving been namesignated in this	(City) ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointm to mply with the provisions of all statutes re	(Zip code) ce of process for the above state nent as registered agent and age elative to the proper and complete.	ed corporation at the pla ree to act in this capacity lete performance of my
aving been namesignated in this	ent's acceptance: ned as registered agent and to accept services. It bears to accept the appointment	(Zip code) ce of process for the above state nent as registered agent and age elative to the proper and complete.	ed corporation at the pla ree to act in this capacity lete performance of my
aving been namesignated in this	(City) ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointm to mply with the provisions of all statutes re	(Zip code) ce of process for the above state nent as registered agent and age elative to the proper and complete.	ed corporation at the pla ree to act in this capacity lete performance of my

10. Attached is a certificate of existence duly archenticated, 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.

Property of the Control 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Vice Chairman: Deborah Brunson Director: __ 8010 Castleton Rd Indianapolis, IN 46250 Address: ____ Director: B. OFFICERS Mark Kirschner President: __ 8010 Castleton Rd Indianapolis, IN 46250 Address: _ Aaron Schneider
Vice President: 8010 Castleton Rd Indianapolis, 1N 46250 Address: _____ Address: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. <u>Deburan D Brunson</u>, Director

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

WHEATON VAN LINES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 28, 1945, and was in existence or authorized to transact business in the State of Indiana on May 29, 2019.

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, May 29, 2019

Corrie Hamson

CONNIE LAWSON
SECRETARY OF STATE

194089-133 / 2019986862

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

Expires on June 28, 2019.