

F20000000340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

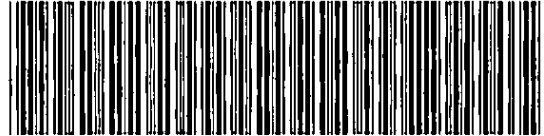
Special Instructions to Filing Officer:

Permission from Tammy Wicker
to delete "DBA" end of
bus name. 1/21/20

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Office Use Only



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1/22/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indiana Institute of Technology
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Taylor Wicker

Name of Person

Indiana Tech

Firm/Company

1600 E Washington Blvd

Address

Fort Wayne, IN 46803

City/State and Zip Code

tnwicker@indianatech.edu

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

For further information concerning this matter, please call:

Taylor Wicker

Name of Person

260

at ()
Area Code

422-5561 x3430

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

RECEIVED

DEC 30 2019

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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. Indiana Institute of Technology, Inc

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana, U.S.A

(State or country under the law of which it is incorporated)

3. 35-0845258

(FEI number, if applicable)

4. 08/23/1948

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. 12/2/2019

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1600 E Washington Blvd, Fort Wayne, IN 46803

(Principal office address)

1600 E Washington Blvd, Fort Wayne, IN 46803

(Current mailing address, if different)

8. non-profit, private university - recruiting online students

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Judy Roy

Office Address: 4720 Salisbury Road, Office 214

Jacksonville

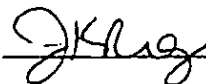
(City)

, Florida 32256

(Zip Code)

10. 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.



(Registered 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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dr. Karl Einolf

Address: 1600 E Washington Blvd

Fort Wayne, IN 46803

Vice President: Steve Herendeen

Address: 1600 E Washington Blvd

Fort Wayne, IN 46803

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Steve Herendeen
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEVE HERENDEEN
(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

INDIANA INSTITUTE OF TECHNOLOGY INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 23, 1948, and was in existence or authorized to transact business in the State of Indiana on December 11, 2019.

I further certify 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. 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, December 11, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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194100-090 / 20191219431

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

Expires on January 10, 2020.