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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone

Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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

## FOREIGN PROFIT/NONPROFIT CORPORATION MODERNFOLD, INC.

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## COVER LETTER

TO:		tration Section on of Corpora						
SLIRI	ECT:	MODERNFO	DLD, INC.					
.5 (-150	1,0,1.		Name of	corporation	- must	include suffix		
Dear S	ir or M	adam;						
"Certif	ficate of	Existence." c		f Good Stan	iding" a	nd check are sub		siness in Florida," I to register the
Please	return a	ill correspond	ence concernin	g this matter	to the f	following:		
She'W	'anca D	otson						
				Name of	Person			
MODE	RNFOL	.D, INC.						
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			<u> </u>	Addre	288	18.57.77.7.24.1		
GREE	NFIELD	, IN 46140						
				City/State a	nd Zip o	ode		
SheWa	enca.Do	tson@Moder	nfold.com					
	-	, b	-mail address:	(to be used f	or futur	e annual report	iotific	ation)
For fur	ther inf	ormation con	cerning this ma	tter, please c	all:			
She'W	anca D	otson	a	317	468	8-6725		
	Namo	of Person		Area Cod	e	Daytime Telep	hone	Number
	Regist Divisi The C 2415	ration Section on of Corpora entre of Talla	itions hassee rect, Suite 810			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orport 7	1 ations
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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. MODERNFOLD, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) DELAWARE (FEI number, if applicable) (State or country under the law of which it is incorporated) 09/06/1989 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 215 WEST NEW ROAD, GREENFIELD, IN 46140 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 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 (Registered agent's signature)

<sup>10.</sup> 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.

A. DIRECTORS  ☐Chairman	BRYAN WELCH	TlChairman Name.	AUZI JAN 19 PH 5: 3  FILELI  ALLAHASSEE FLORIS  SSI
□Vice Chairman	Address: 215 WEST NEW ROAD	□Vice Chairman Addre	SS AMASSEE FLORIS
LIDirecto:	GREENFIELD, IN 46140	LiDirector	
#President		□President	
l IVice President		I IV:ce President	
□Secretary	□Treasurer	☐ Secretary	☐Treasurer
□Other	CRber	□Other	□Other
LiChairman	Name:	LiChaionan Name:	
□Vice Chairman	6161 EAST 75TH STREET		55:
l IDirector	INDIANAPOLIS, IN 46250	(7t)	
□President		5 W	
■Vice President		□Vice President	
□ Secretary	☐ Freasurer	□Secretary	El Freasurer
□Other	□Other	□Other	LIOther
□Chairman	Name:	□Chairman Name:	
□Vice Chairman	Address:		ss:
TDirector	GREENFIELD, IN 46140	□Director	
⊒President		□President	
DVice President		□Vice President	
■ Secretary	<b>≓</b> Treasurer	□Secretary	ElTreasurer
□Other	Oulter	□Other	

The officer or director signing this document (and who is listed in number 1) 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.

, ANGELA VENTRESCO

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MODERNFOLD, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MODERNFOLD, INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 1989.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202287137

Date: 01-14-21

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