01277

(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:

Office Use Only



900403172749

RECEIVED

KAR O 4 2023 K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/3/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1125871

ORDER ENTITY

MISSION: PRE-BORN, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

MISSION: PRE-BORN, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: Sandi@clasinfo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

W

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, March 3, 2023 Page 1 of 1

COVER LETTER

TO:	~	istration Section ision of Corporations					
CHRI	ECT: MISSION	: PRE-BORN, INC.					
SUDA	ECT:	Name of Corporati	on – must ii	iclude suffix			
Dear S	Sir or Madam:						
Affairs	s in Florida", "Co	tion by Foreign Not for Profestificate of Existence", or "Cenced not for profit corporat	Certificate o	f`Status'' and ch	eck are submitted to		
Please	return all corres	pondence concerning this ma	atter to the f	ollowing:			
	John Hi	estand					
	,	Name (of Person				
	Harbor Compliance						
		Firm/C	Company				
1830 Colonial Village Ln							
		Address					
	Lancast						
		City/State a	nd Zip Code	2			
		nail address: (to be used for	future annua	il report notifica	ation)		
For fur		concerning this matter, plea		•	,		
John F	liestand		717	431-9164			
	Name o	of Person at (Area Code	Daytime Tel	ephone Number		
	MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, F1	ction porations		Registration S Division of C Clifton Buildi	orporations ng ve Center Circle		
Enclos	ed is a check for	the following amount:					
= \$70	0.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy		

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:

(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)
Indiana	try under the law of which it is incorporated)	20-8755673	
03/30/2007	ate of Incorporation) 5.		
	ate of Incorporation)	(Date of duration, if other than	perpetual)
N/A			
(Date first condi	icted affairs in Florida if prior to registration. See s	ections 617,1501 & 617,1502, F.S. to deter	mine penalty liability.)
4333 W 71st S	, Indianapolis, IN 46268 (Principal of		
	(Principal of	fice address)	
PO Box 78221	. Indianapolis, IN 46278		
	(Current mailing a	ddress, if different)	
Assists various (Purpose(s) of c	centers in managing events to promote awarene orporation authorized in home state or country to	be carried out in the state of Florida)	7. FIL. 2023 MAR - 3
	ret address of Florida registered agent: (P.O	acceptance,	FTI
Name:	Registered Agents Inc		- P
Name:	Registered Agents Inc 7901 4th St N STE 300		. ₽
Name: fice Address:	Ragictaryd Appare Inc.		PH 4: 05
Name:	Registered Agents Inc		PH (

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.

12. Names and addresses of officers and/or directors

an:	aniel C. Steiner
43	33 W 71st St, Indianapolis, IN 46268
nairma	Stan Lovins II
s:	4333 W 71st St, Indianapolis, IN 46268
	Reyes
433	3 W 71st St, Indianapolis, IN 46268
 Wa	yne Walker
_ <u>⊿</u> ३३	3 W 71st St, Indianapolis, IN 46268
	niel C. Steiner
433 S:	3 W 71st St, Indianapolis, IN 46268
esider	nt:
s;	
Ste	even Rice
	3 W 71st St, Indianapolis, IN 46268
	bert McIntire
	3 W 71st St, Indianapolis, IN 46268

Charman, Vice Chairman, or any officer listed in number 12 of the application)

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, 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

MISSION: PRE-BORN, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 30, 2007, and was in existence or authorized to transact business in the State of Indiana on March 01, 2023.

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, March 01, 2023

iego Morales

DIEGO MORALES
SECRETARY OF STATE

2007040300012 / 20233049331

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

Expires on March 31, 2023.