

NON-PROFIT

F96000002766

Incorporator's Name

Business

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) **300001831769**
-05/21/96--01045--004
*******70.00 *****70.00**
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #) **W96-10896**

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

806/4
96 JUN -4 AM 10:54
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: COMMUNITY ADDICTION SERVICES OF INDIANA, INC.
(Name of Corporation)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

<u>Thomas W. Cox</u> (Name of Person)	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 JUN -4 AM 10:54
<u>COMMUNITY ADDICITON SERVICES OF INDIANA, INC.</u> (Firm/Company)	
<u>1040 East New York Street</u> (Address)	
<u>Indianapolis, Indiana 46202</u> (City, State and Zip Code)	

For further information concerning this matter, please call:

<u>Thomas W. Cox</u> (Name of Person)	at (<u>317</u>) <u>633-8240</u> Area Code & Daytime Telephone Number
--	---

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

May 22, 1996

THOMAS W. COX
COMMUNITY ADDICTION SERVICES OF INDIANA
1040 EAST NEW YORK ST
INDIANAPOLIS, IN 46202

SUBJECT: COMMUNITY ADDICTION SERVICES OF INDIANA, INC.
Ref. Number: W96000010896

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -4 AM 10:54

We have received your document for COMMUNITY ADDICTION SERVICES OF INDIANA, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (904) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 296A00025454

**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. COMMUNITY ADDICTION SERVICES OF INDIANA, 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.)
2. Marion, IN 3. # 35-1904256
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 29, 1993 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. June 1996
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 1040 East New York Street
Indianapolis, Indiana 46202
(Current mailing address)
8. Charitable and Educational
(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:
Suzanne Sheeh
(Name)
111 15th St. SW
(Office address)
Marco Beach, Florida, 320162
(City) (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.

[Signature]
(Registered agent's signature)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -4 AM 10:54

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: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Vincent G. Failla

Address: 32 N. Dearborn St.

Indianapolis, Indiana 46202

Vice Chairman: Jane Stephens

Address: 9977 Grotto Road

Terre Haute, Indiana 47805

Director: Joanna Niehoff

Address: National Bank of Indianapolis, 107 N. Pennsylvania, Suite 100

Indianapolis, Indiana 46204

Director: Robert A. Dorman

Address: 7801 Meadowbrook Drive

Indianapolis, Indiana 46240

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Thomas W. Cox

Address: 1040 East New York St.

Indianapolis, Indiana 46202

Vice President: "NONE"

Address: _____

Secretary: Carol S. Knoy

Address: 2021 Silver Lane Dr., Indianapolis, Indiana 46203

Treasurer: Robert A. Dorman

Address: 7801 Meadowbrook Dr., Indianapolis, Indiana 46240

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

13. Thomas W. Cox, President
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Thomas W. Cox, President Community Addiction Services of Indiana, Incorporated
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -4 AM 10:54

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

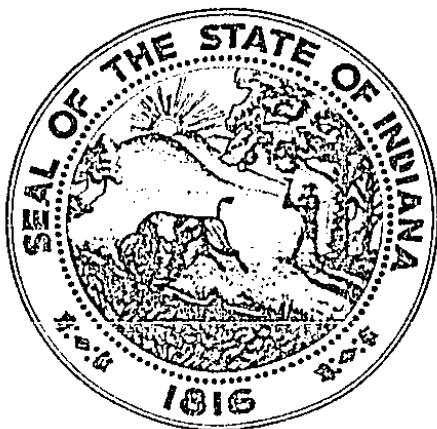
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

COMMUNITY ADDICTION SERVICES OF INDIANA, INC.

filed Articles of Incorporation on July 29, 1993, and is a nonprofit corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fourteenth day of May, 1996.

Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

PH
Deputy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -4 AM 10:54