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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: may amovad	ion Challenge, Inc. (PROPOSED CORPO	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for :
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate PY REQUIRED
FROM:	Michael Bouton	ne (Printed or typed)	-
	1250 Indiana Avenue	Address	-
	Indianapolis, IN 46202	City, State & Zip	-
	860-335-7730		

NOTE: Please provide the original and one copy of the articles.

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

Daytime Telephone number

michael@energysystemsnetwork.com

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: Indy Innovation Challenge, Inc. ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address: 1250 Indiana Avenue Indianapolis, IN 46236 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose of the Indy Innovation Challenge, Inc. is to harness the power of prize competitions to attract the best and brightest minds from around the world to advance state of the art innovative technologies to accelerate commercial adoption and increase public awareness of their global benefits, and to have and to exercise any and all powers, rights, and privileges which a corporation organized under the Indiana Nonprofit Corporation Act of 1991. MANNER OF ELECTION The manner in which the directors are elected and appointed: Incorporator appoints ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Paul Mitchell, President & CEO David Roberts, Board Member ___ Name and Title: 1250 Indiana Ave 1250 Indiana Avenue Address _____ Address: Indianapolis, IN 46202 Indianapolis, IN 46202 Chad Pittman, Board Member Name and Title: Name and Title:_ 100 E Willow Street Address Address: Zionsville, IN 46077 Name and Title:___ _____ Name and Title:_ Address _____ Address:

		No. 1 mil	
Name and Title	·	Name and Title:	
Address		Address:	
Name and Title	·	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NO)	facceptable) of the registered agent is:	
Name:	Registered Agents Inc		
Address:	7901 4th St N STE 300		
	St. Petersburg FL 33702		-
			:
ARTICLE VII	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Michael Bouton		
Address:	1250 Indiana Avenue		
	Indianapolis, IN 46202		
ADTICLEUM	FEFFORIUS BATE		
	FFFECTIVE DATE: If other than the date of filing:	(OPTIONAL)	
(If an effective	date is listed, the date must be speci	ific and cannot be more than five days prior or 90 day	ys after the filing.)
	te inserted in this block does not meet ective date on the Department of State	the applicable statutory filing requirements, this date will spectrals	I not be listed as the
document s circ	cure date on the Department of State	s records.	
		rvice of process for the above stated corporation at the	place designated in this
cernificate, i am	jamiliar with and accept the appoints	nent as registered agent and agree to act in this capacity	
Traval Dove		3/29	/2024 Date
	Required Signature of Regi	stered Agent	Date
		d herein are true. I am aware that any false information	submitted in a document
to the Departme	ent of State constitutes a third degree f	elony as provided for in s.817.155, F.S.	
Hale	4,5	Incorporator 4/2/	2024
	Required Signature of	Incorporator	Date