Filing and License Fee: \$310.00 minimum



the following statement:

Form No. 150 Revised: 06/11

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

148 W. River Street rovidence, Rhode Island 02904-26

APPLICATION FOR CERTIFICATE OF AUTHORITY

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Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits

1.	The name of the corporation is Mid-America Foundation Supply Inc							
2.	It is incorporated under the laws of State of Indiana							
3.	The	he name, if different, which it elects to use in Rhode Island is:						
	(a)	"incorpo	name of the corporation in its juriso prated", or "limited" or an abbreviation corporate endings for use in Rhode Isla	diction of incorporation does not contain the word "corporation", "company", n thereof, then list the name of the corporation with the addition of one of the and:				
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with application:							
4.	The	date of	its incorporation is 10/24/1986	and the period of its duration is Perpetual				
			of its principal office is 3101 New Ha					
5.								
6.	The	address	s of its proposed registered office in Rh	node Island is 222 Jefferson Boulevard, Suite 200 (Street Address, not P.O. Box)				
		rwick	(City/Town)	02888 and the name of its proposed registered agent in Rhode Island at (Zip Code)				
	that	address	Corporation Service Company	(Name of Agent)				
_								
7.		The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
	Rei	ail Sale	s					
8.	(a)	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).						
			<u>Name</u>	<u>Address</u>				
	Dire	ctor	Donald R Fain	3101 New Haven Ave, Fort Wayne, IN 46803				
	Dire		Mary Habegger-Fox	3101 New Haven Ave, Fort Wayne, IN 46803				
	Dire	ctor						
	Dire	ctor						

			<u> 1</u>	<u>Vame</u>		<u>Address</u>
	Pre	sident	Mary Habegger	-Fox	3101 New Haven	Ave, Fort Wayne, IN 46803
	Vice	e President				
	Tre	asurer				
	Sec	cretary				
9.	The	e aggregate numb	er of shares which	it has authority to	issue; itemized by classes, pa	r value of shares, shares without par value,
		I series, if any, wit				Par Value or Statement that
		Number of Share		<u>Class</u>	<u>Series</u>	Shares are without Par Value
		1,000				No par value
10.	(a)	\$ 422 = following year, w	vherever located.	= An estimat	e of the value of all property	y to be owned by the corporation for the
	(b)	\$ 59K Island during the	following year.	= An estimat	e of the value of the corpora	tion's property to be located within Rhode
	(c)	the corporation to	o be located within	n this state during	the following year bears to the	that the estimated value of the property of evalue of all property of the corporation to by 100 to obtain the percentage?
11.	(a)	\$\$during the follow	M			iness to be transacted by the corporation
	(b)	s Dance	96K f business in Rhod			ness to be transacted by the corporation at
	(c)	transacted by the thereof which with the percentage?	e corporation at or	r from places of bu	usiness in this state during the	n that the gross amount of business to be e following year bears to the gross amount de (b) by (a) and multiply by 100 to obtain
12.		s application is ac s of which it is inc		certificate of Good	Standing issued by the propo	er officer of the state or country under the
13.	This	s Application for C	Certificate of Author	rity shall be effectiv	e upon filing unless a specifie	d date is provided which shall be no later
	thar	n the 90th day afte	er the date of this f	iling		
					Application for Certificate of	eclare and affirm that I have examined this f Authority, including any accompanying tatements contained herein are true and
Date	e:	7/20/15	<u> </u>		, Signature of Author	rized Officer of the Corporation
					Mary Hahe Type or Print Na	CPEN - OX mem Muthorized Officer

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

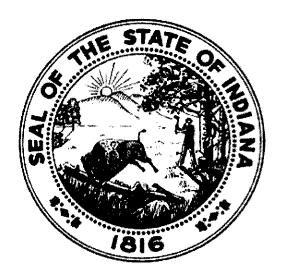
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MID-AMERICA FOUNDATION SUPPLY INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 24, 1986, and was in existence or authorized to transact business in the State of Indiana on July 01, 2015.

I further certify this For-Profit Domestic 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.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of July, 2015.

Corne d'amont

Connie Lawson, Secretary of State

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