

139376



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION

State Form 38784 (R 4/11/87) Corporate Form 112 Prescribed by Joseph H. Hogsett Secretary of State of Indiana

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- INSTRUCTIONS: 1. Use an 8 1/2 x 11 inch paper for inserts. 2. Present 2 originally executed copies to: Secretary of State, Room 155, State House, Indianapolis, Indiana 46204, (317) 232-8576. 3. FILING FEE - \$90.00. 4. Must submit a certificate of existence duly authenticated by the proper authority from corporation's domiciliary state. I.C. 23-1-49-1 et seq.

APPLICATION FOR CERTIFICATE OF AUTHORITY OF

Demonstrations Etc., Inc.

A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF INDIANA

Illinois NOT OFFICIAL!

APPROVED AND FILED IND. SECRETARY OF STATE

The undersigned officer of the above corporation which was formed as a

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A general business corporation A professional corporation

desiring to effectuate the admittance of the Corporation to transact business in the State of Indiana, certifies the following facts:

ARTICLE II: Name

Name of Corporation: (Must be identical to name shown in Articles of Incorporation and Amendments thereto)

Demonstrations Etc., Inc.

ARTICLE III: Registered Office and Registered Agent, and Principal Office

Address of its registered office in Indiana

1 North Capitol Ave., Indianapolis, Indiana

ZIP Code: 46204

Name of the registered agent at the office

C.M. Corporation System

Street address of its principal office

2300 South Lake Mall, Merrillville, Indiana

ZIP Code: 46219

ARTICLE III: Date of Incorporation and Duration of Existence

The date of incorporation in domiciliary state: April 24, 1990

Period of duration: perpetual

ARTICLE IV: Corporate Officers

The names and business addresses of the officers of the Corporation:

Table with 4 columns: Name, Title, Address (Street, city and state), ZIP Code. Row 1: Stacy Scherr, Pres., Sec., PO BOX 56616, Harwood Heights, IL, 60656.

ARTICLE V: Board of Directors

The names and business address of the Board of Directors of the Corporation are as follows:

Name:	Address: (Street, city and state)	ZIP Code
Stacy Scherr	same as above	

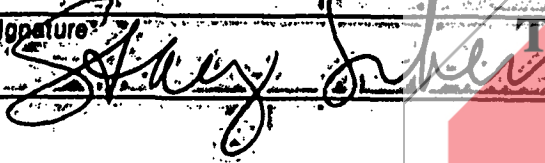
In witness whereof, the undersigned being the

President

of said corporation executes this Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this 22 day of October 2009

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Signature



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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF AUTHORITY

I, JOSEPH H. HOGSETT, Secretary of State of Indiana, hereby certify that the Application for Certificate of Authority to do business in the State of Indiana of the following corporation in the form prescribed by my office has been presented to me at my office, accompanied by the fees together with a Certificate of Existence of the corporation, as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

I further certify that:

The name under which the corporation is to transact business in the State of Indiana, is **DEMONSTRATIONS ETC., INC.**

The corporation is incorporated under the laws of the State of Illinois.

The name and address of its resident agent in Indiana for service of legal process is
**C T Corporation System,
One North Capitol
464100000
Indianapolis.**

WHEREFORE, I hereby issue to such corporation this Certificate of Authority, and I further certify that it shall have authority to transact business in the State of Indiana effective on November 05, 1990, subject to the terms and conditions prescribed by the Indiana Business Corporation Law, as amended.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fifth day of November, 1990.

JOSEPH H. HOGSETT, Secretary of State

By

Deputy

