



**Secretary of State**  
**Statement and Designation by**  
**Foreign Corporation**

S&amp;DC-S/N

For Office Use Only

**-FILED-**

File No.: 6482434

Date Filed: 11/27/2024

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed.

**Filing Fee – \$100.00 (for a foreign stock corporation) or**  
**\$30.00 (for a foreign nonprofit corporation)**

**Certified Copy Fee (Optional) - \$5.00**

*Note:* Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

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**1. Corporate Name** (Go to [www.sos.ca.gov/business/be/name-reservations](http://www.sos.ca.gov/business/be/name-reservations) for general corporate name requirements and restrictions.)

**2. Jurisdiction** (State, foreign country or place where this corporation is formed - **must match** the Certificate of Good Standing provided.)

Collins Supportive Solutions Inc.

Indiana

**3. Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
3815 River Crossing Parkway, Suite 100 #456	Indianapolis	IN	46240
b. Street Address of Principal Office in California, if any - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
Two North Ninth Street	Noblesville	IN	46060

**4. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	

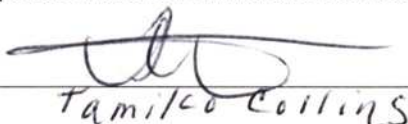
**CORPORATION** – Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 4a or 4b

Incorp Services, Inc.

**5. Read and Sign Below** (Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature 

Tamiko Collins  
 Type or Print Name

**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

**COLLINS SUPPORTIVE SOLUTIONS INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 30, 2024, and was in existence or authorized to transact business in the State of Indiana on October 15, 2024.

I further certify this Domestic Nonprofit 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. 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, October 15, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

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

Expires on November 14, 2024.