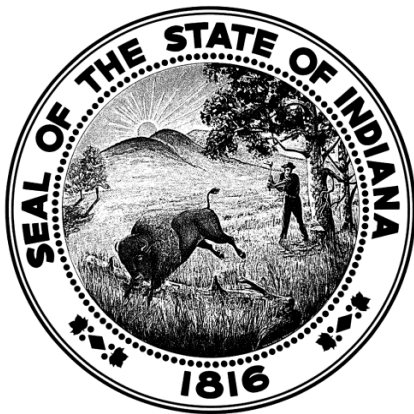


State of Indiana  
Office of the Secretary of State  
Certificate of Incorporation  
of  
**VERONA LAKES COMMUNITY ASSOCIATION, INC.**

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Incorporation of the above Domestic Nonprofit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, March 19, 2021.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 19, 2021.

A handwritten signature in cursive script that reads "Holli Sullivan".

HOLLI SULLIVAN  
SECRETARY OF STATE

202103191472192 / 8947059

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

**ARTICLES OF INCORPORATION**

Formed pursuant to the provisions of the Indiana Code.

**ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS**

**BUSINESS ID** 202103191472192  
**BUSINESS TYPE** Domestic Nonprofit Corporation  
**BUSINESS NAME** VERONA LAKES COMMUNITY ASSOCIATION, INC.  
**PRINCIPAL OFFICE ADDRESS** 9430 Lima Road, Fort Wayne, IN, 46818, USA

**ARTICLE II - REGISTERED OFFICE AND ADDRESS**

**REGISTERED AGENT TYPE** Individual  
**NAME** Jamie S. Lancia  
**ADDRESS** 9430 Lima Road, Fort Wayne, IN, 46818, USA  
**SERVICE OF PROCESS EMAIL**

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted.

**ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE**

**PERIOD OF DURATION** Perpetual  
**EFFECTIVE DATE** 03/19/2021  
**EFFECTIVE TIME** 10:13AM

**ARTICLE IV - PRINCIPAL(S)**

No Principal on record.

**ARTICLE V - INCORPORATOR(S)**

**NAME** Robert C. Kruger  
**ADDRESS** 200 East Main Street, Suite 1000, Fort Wayne, IN, 46802, USA

**ARTICLE VI - GENERAL INFORMATION**

**STATEMENT OF PURPOSE**

Homeowner's Association

**TYPE OF CORPORATION**

Mutual benefit corporation (all others)

**WILL THE CORPORATION HAVE MEMBERS?**

Yes

**DISTRIBUTION OF ASSETS**

UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED TO THE MEMBERS OF THE CORPORATION, OR, IF THE CORPORATION HAS NO MEMBERS, TO THOSE PERSONS WHOM THE CORPORATION HOLDS THE CORPORATION OUT AS BENEFITTING OR SERVING.

**SIGNATURE**

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A CORPORATION PURSUANT TO THE PROVISIONS OF THE INDIANA NONPROFIT CORPORATION ACT, EXECUTE THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **March 19, 2021**.

**SIGNATURE**

Robert C. Kruger

**TITLE**

Legal Representative

Business ID : 202103191472192

Filing No : 8947059