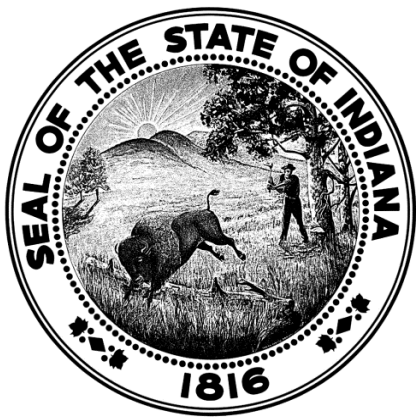


State of Indiana
Office of the Secretary of State
Certificate of Incorporation
of
**THREE MEADOWS SUBDIVISION, PHASE 1, SECTION 2
HOMEOWNER'S ASSOCIATION, INC.**

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 Monday, October 31, 2022.



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 31, 2022.

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

HOLLI SULLIVAN
SECRETARY OF STATE

202210311635498 / 9610158

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 202210311635498
BUSINESS TYPE Domestic Nonprofit Corporation
BUSINESS NAME THREE MEADOWS SUBDIVISION, PHASE 1, SECTION 2 HOMEOWNER'S ASSOCIATION, INC.
PRINCIPAL OFFICE ADDRESS 325 S Earl Avenue, #4, Lafayette, IN, 47904, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE Individual
NAME Jason Schreckengast
ADDRESS 325 S Earl Avenue, #4, Lafayette, IN, 47904, USA
SERVICE OF PROCESS EMAIL jason@citationhomes.com

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 10/31/2022
EFFECTIVE TIME 03:25PM

ARTICLE IV - GOVERNING PERSON INFORMATION

TITLE President
NAME Mary Anne Sloan
ADDRESS 1731 Twin Lakes Circle, West Lafayette, IN, 47906, USA

TITLE Vice President
NAME Cheryl Rule
ADDRESS 1732 Twin Lakes Circle, West Lafayette, IN, 47906, USA

TITLE Secretary
NAME Kim Campbell
ADDRESS 1775 Twin Lakes Circle, West Lafayette, IN, 47906, USA

TITLE Treasurer
NAME Jeanne Boyd
ADDRESS 1712 Twin Lakes Circle, West Lafayette, IN, 47906, USA

ARTICLE V - INCORPORATOR(S)

NAME Kevin J Riley
ADDRESS 250 Main Street, Suite 601, Lafayette, IN, 47901, USA

ARTICLE VI - GENERAL INFORMATION

STATEMENT OF PURPOSE

To administer the affairs of Three Meadows Subdivision, Phase 1, Section 2 Homeowner's Association, Inc.

TYPE OF CORPORATION Mutual benefit corporation (all others)

WILL THE CORPORATION HAVE MEMBERS? Yes

DISTRIBUTION OF ASSETS

In the event of dissolution of the Corporation, all assets remaining after payment of all debts of the Corporation, including advances and loans of members of the Corporation, and, if so authorized by the Board of Directors of the Corporation ("Board"), distribution to members of the Corporation of such amounts as may be authorized by the Indiana General Nonprofit Corporation Act of 1991 (as amended and restated from time to time, the "Act"), shall be dedicated by the Board to an appropriate public agency to be used for purposes similar to those for which this Corporation was organized. In the event such dedication is refused acceptance, such assets shall be transferred by the Board to the state of Indiana or any instrumentality or subdivision thereof exclusively for public purposes, or to any nonprofit corporation whose purposes are substantially the same as those of the Corporation and which, at the time of transfer, is exempt from Federal taxation under Sections 501(c)(3), 501(c)(4) or 528 of the Code or the corresponding provisions of any future United States Internal Revenue Law. Any such assets not so dedicated or transferred by the Board shall be disposed of in accordance with the Act. No member, director or officer of the Corporation, or any private individual, shall be entitled to share in the distribution of any of the assets of the Corporation on dissolution of the Corporation, except as otherwise provided in these Articles or in the Act.

APPROVED AND FILED
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
10/31/2022 02:04 PM

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 **October 31, 2022**.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE Kevin J. Riley
TITLE Legal Representative

Business ID : 202210311635498
Filing No : 9610158