STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

BROOKS POINTE VILLA ASSOCIATION, INC.

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin April 07, 1998.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventh day of April, 1998.

Deputy



ARTICLES OF INCORPORATION

State Form 4162 (R7 / 7-91) Corporate Form No. 364-1 (October 1984) Articles of Incorporation (Nonprofit) Provided by Joseph H. Hogsett Secretary of State of Indiana

Approved by State Board of Accounts 1991

INSTRUCTIONS: Use 8 1/2 x 11 inch paper for inserts.
Present 2 originally executed copies to:

SECRETARY OF STATE 302 W WASHINGTON ST RM E018 INDIANAPOLIS IN 46204

FILING FEE1S \$30.00

IC 23-17-3-1

For tax exempt status, Nonprofit Corporations must qualify with both the Internal Revenue Service and the Indiana Department of Revenue

ARTICLES OF INCORPORATION OF

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Brooks Pointe Villa Associatiof LEGC.

The undersigned incorporator or incorporators, desiring to form a corporation (hereinafter referred to as the "Act"), execute the following Articles of Incorporation.

ARTICLET - Name

The name of the Corporation is (the name MUST include the word "Corporation", "Incorporated", "Limited", "Company" or one of the abbreviations thereof):

Brooks Pointe Villa Association, Inc.

ARTICLE II Purpose (optional)

The purposes for which the Corporation is formed are:

To provide for and promote the health, safety and welfare of the members with respect to real estate platted as Cherry Hill, Section X and in accordance with these Articles, corresponding By-Laws and a Declaration of Covenants, Conditions and Restrictions to be recorded by Colonial Development Corp. and to have and exercise all powers, rights, and privileges which a corporation organized under I.C. 23-17-1 and there following for Non-Profit corporations of the State of Indiana which nonprofit corporation may now or hereafter have or exercise.

ARTICLE III - Type of Corporation (check only one) The Corporation is a: public benefit corporation, which is organized for a public or charitable purpose; religious corporation, which is organized primarily or exclusively for religious purposes; or M mutual benefit corporation (all others). ADDICLE IV. Desictored Agent, Roombared Office, Purceingl Office

SECTION 1 Registered Agent: The name and street address of the Name of Registered Agent	Corporation's Registered Agent and Registere	ed Office for service	e of process are:
Roger L. Delagrange			
Address of Registered Agent	City		ZIP code
6008 Brandy Chase Cove	Fort Wayne	; Indiana	46815
Address of Registered Office (street or building)	City	ZIP code	
.6008 Brandy Chase Cove	Fort Wayne	i Indiana	46815
SECTION 2 Principal Office: The post office address of the principal	office of the Corporation is:		
Post office address	Čity	ZIP code	
6008 Brandy Chase Cove	Fort Wayne	Indiana	46815

	ARTICLE V	Memberstup		
Indicate if corporation will have men	nbers: Yes 🗆 No			• ,
Name(s) and address(es) of the inco		Incorporator(s)		
Hamelo) and anerestine) of the more	Number and Street or Build	ding City	State	ZiP code
Name				
Dennis D. Sutton	1000 Standard	Fort Wayne	IN	46802
	Federal Plaza			
	ARTICLE: VII - Distribution of Asse	ts on Dissolution or Final Liquidation		
to a state or locate so disposed of the county in located, exclusive organizations, as	al government for a all be disposed of which the principal ally for such purpose	buted to the federal public purpose. An by a Court of Compet office of the corpors or to such organistermine, which are es.	ent Jurisoration is zational	sets not diction then
				•
		gned by all incorporators.		
Signature Signature	es of perjury, that the facts contained	herein are true. (Notorization not neces	sary)	
tus a rimmed	δη	Dennis D. Sutto	n	
Signature		Printed name		
Signature		Printed name		
Signature		Printed name		
This instrument was prepared by:				

1000 Standard Federal Plaza

Address

Dennis D. Sutton - Burt, Blee, Dixon & Sutton

ZIP coce

46802

State

IN

Fort Wayne