

**ARTICLES OF INCORPORATION**

Formed pursuant to the provisions of the Indiana Code.

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

**BUSINESS ID** 202007151406311  
**BUSINESS TYPE** Domestic Nonprofit Corporation  
**BUSINESS NAME** HOOSIER REGION VOLLEYBALL ASSOCIATION, INC  
**PRINCIPAL OFFICE ADDRESS** 13551 E 300 S, Columbus, IN, 47203, USA

**ARTICLE II - REGISTERED OFFICE AND ADDRESS**

**REGISTERED AGENT TYPE** Individual  
**NAME** Robert A. Michael  
**ADDRESS** 5506 Old Mill Road, Fort Wayne, IN, 46807, USA  
**SERVICE OF PROCESS EMAIL** raclmichael@comcast.net

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** 07/15/2020  
**EFFECTIVE TIME** 09:36PM

**ARTICLE IV - PRINCIPAL(S)**

**TITLE** President  
**NAME** Terry Sweasy  
**ADDRESS** 13551 E 300 S, Columbus, IN, 47203, USA

**ARTICLE V - INCORPORATOR(S)**

**NAME** Robert Alan Michael  
**ADDRESS** 5506 Old Mill Road, Fort Wayne, IN, 46807, USA

**APPROVED AND FILED**  
**CONNIE LAWSON**  
**INDIANA SECRETARY OF STATE**  
**07/16/2020 12:55 PM**

**ARTICLE VI - GENERAL INFORMATION**

**STATEMENT OF PURPOSE**

To foster national and international amateur volleyball competition, and to act as the official representative of USA Volleyball within the area designated as the Hoosier Region.

**TYPE OF CORPORATION** Mutual benefit corporation (all others)

**WILL THE CORPORATION HAVE MEMBERS?** Yes

**DISTRIBUTION OF ASSETS**

All the property of this corporation and accumulations thereof shall become the property of USA Volleyball upon dissolution of the corporation.

**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 **July 15, 2020**.

**SIGNATURE** Robert A Michael  
**TITLE** Authorized Agent

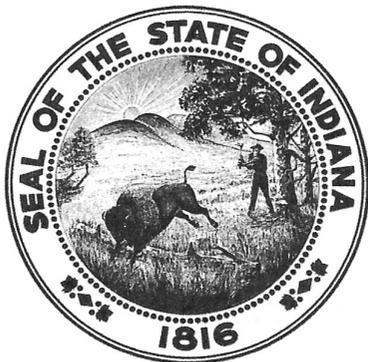
Business ID : 202007151406311  
Filing No : 8657295

State of Indiana  
Office of the Secretary of State

Certificate of Incorporation  
of  
**HOOSIER REGION VOLLEYBALL ASSOCIATION, INC**

I, CONNIE LAWSON, 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  
Wednesday, July 15, 2020.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 16, 2020.

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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