

**State of Indiana
Office of the Secretary of State**

**Certificate of Incorporation
of
PHOENIX RECOVERY INC.**

I, DIEGO MORALES, 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, December 04, 2024.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 05, 2024.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202412041844606 / 10595920

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

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
12/05/2024 09:21 AM

ARTICLES OF INCORPORATION

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 202412041844606
BUSINESS TYPE Domestic Nonprofit Corporation
BUSINESS NAME PHOENIX RECOVERY INC.
PRINCIPAL OFFICE ADDRESS 108 S Morton St, Kendallville, IN, 46755, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE Individual
NAME ALEXIS SHAFFER
ADDRESS 108 S Morton St, KENDALLVILLE, IN, 46755, USA
SERVICE OF PROCESS EMAIL

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION Perpetual
EFFECTIVE DATE 12/04/2024
EFFECTIVE TIME 03:18PM

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DIEGO MORALES
INDIANA SECRETARY OF STATE
12/05/2024 09:21 AM

ARTICLE IV - GOVERNING PERSON INFORMATION

TITLE	President
NAME	KRISTY HAFER
ADDRESS	368 W. 7TH ST., Auburn, IN, 46706, USA
TITLE	Vice President
NAME	CHERIE COUCHMAN
ADDRESS	408 S. WEST ST., Angola, IN, 46703, USA
TITLE	Treasurer
NAME	ALEXIS SHAFFER
ADDRESS	108 S. MORTON ST., Kendallville, IN, 46755, USA
TITLE	Secretary
NAME	DARREN HEINZMAN
ADDRESS	107 E. HAIDEN DR. APT. 19, Syracuse, IN, 46567, USA

ARTICLE V - INCORPORATOR(S)

NAME	KRISTY HAFER
ADDRESS	368 W. 7TH ST., Auburn, IN, 46706, USA
NAME	CHERIE COUCHMAN
ADDRESS	408 S. WEST ST., Angola, IN, 46703, USA
NAME	ALEXIS SHAFFER
ADDRESS	108 S. Morton St., Kendallville, IN, 46755, USA

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ARTICLE VI - GENERAL INFORMATION

STATEMENT OF PURPOSE

TO PROVIDE TRANSITIONAL LIVING FOR MEN AND WOMEN WHO WOULD LIKE TO RECOVER FROM ALCOHOL AND DRUG ADDICTION. FACILITATING A STRUCTURED ENVIRONMENT. INCORPORATING 12 STEP PROGRAMS, THERAPY, AND HOLISTIC SERVICES. TREATING THE WHOLE PERSON TO RECOVER FROM A HOPELESS STATE OF MIND, BODY AND SOUL.

TYPE OF CORPORATION Public benefit corporation, which is organized for a public or charitable purpose

WILL THE CORPORATION HAVE MEMBERS? Yes

DISTRIBUTION OF ASSETS

ALL ASSETS AND PROPERTY REMAINING AFTER PAYMENT OF DEBTS AND OBLIGATIONS AND EXPENSES SHALL BE DISPOSED, RETURNED, TRANSFERRED, CONVEYED PURSUANT TO ALL LAWS, RULES, AND REGULATIONS OF THE INTERNAL REVENUE CODE 501(C)(3) AND I.C.23-17-22.

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 **December 4, 2024**.

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 KRISTY HAFER

TITLE Incorporator

SIGNATURE CHERIE COUCHMAN

TITLE Incorporator

SIGNATURE ALEXIS SHAFFER

TITLE Incorporator

Business ID : 202412041844606

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