F09000003419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

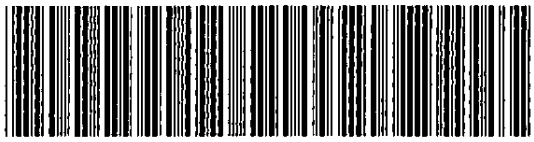
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

MRJ
8/28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: InfoPro Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JoAnn Longshore
Name of Person

InfoPro Corporation
Firm/Company

P.O. Box 2886
Address

Huntsville, AL 35804
City/State and Zip code

scott.henry@ipc-us.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnn Longshore at (256) 382-9700
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☑ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INFOPRO CORPORATION
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama
(State or country under the law of which it is incorporated)

3. 63-0941707
(FEI number, if applicable)

4. 11/21/1986
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6705 Odyssey Drive, Huntsville, AL 35806
(Principal office address)

P.O. Box 2886, Huntsville, AL 35804
(Current mailing address)

8. service contractor
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee (City), Florida 33470 (Zip code)

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10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Crystal Yale on behalf of Incorp Services, Inc.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JoAnn Longshore

Address: 215 Nale Drive, Madison, AL 35758

Vice Chairman: William Longshore

Address: 215 Nale Drive, Madison, AL 35758

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JoAnn Longshore

Address: 215 Nale Drive, Madison, AL 35758

Vice President: William Longshore

Address: 215 Nale Drive, Madison, AL 35758

Secretary: William Longshore

Address: 215 Nale Drive, Madison, AL 35758

Treasurer: JoAnn Longshore

Address: 215 Nale Drive, Madison, AL 35758

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. JoAnn P Longshore
(Signature of Director or Officer listed in number 12 of the application)

14. JoAnn P Longshore
(Typed or printed name and capacity of person signing application)

Beth Chapman
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Infopro Corporation incorporated in Cullman County, Cullman, Alabama on November 21, 1986. I further certify that the records do not disclose that said Infopro Corporation has been dissolved.

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TALLAHASSEE FLORIDA

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 17, 2009

Date

Beth Chapman

Beth Chapman **Secretary of State**