F11000003088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

WH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INFORMATION PROVIDERS, INC.
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," or "Certificate of Good Standing" 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:

FREDERICK PETERS
Name of Person

INFORMATION PROVIDERS, INC.
Firm/Company

33 10TH AVENUE SOUTH, SUITE 301
Address

HOPKINS, MN 55343
City/State and Zip code

FPETERS@USEIPI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERICK PETERS at (952) 938-1400
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:

[X] $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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

FREDERICK PETERS
33 10TH AVENUE SOUTH, SUITE 301
HOPKINS, MN 55343

SUBJECT: INFORMATION PROVIDERS, INC.
Ref. Number: W11000036747

We have received your document for INFORMATION PROVIDERS, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 411A00016569

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. INFORMATION PROVIDERS, INC.
(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. MINNESOTA
(State or country under the law of which it is incorporated)

3. 41-1828765
(FEI number, if applicable)

4. 1/22/1996
(Date of incorporation)

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

6. 7/1/11
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

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TALLAHASSEE, FLORIDA

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7. 33 10TH AVENUE SOUTH, SUITE 301; HOPKINS, MN 55343
(Principal office address)

33 10TH AVENUE SOUTH, SUITE 301; HOPKINS, MN 55343
(Current mailing address)

8. TO CARRY ON ANY BUSINESS OR ACTIVITY LAWFUL AND PERMITTED BY THE LAWS OF THE STATE OF MINNESOTA
(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: LUCINDA ANDERSON

Office Address: 13202 LINDEN DRIVE

SPRING HILL (City), Florida 34609 (Zip code)

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.

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: FREDERICK PETERS

Address: 3127 CASCO CIRCLE

ORONO, MN 55391

Vice Chairman: FREDERICK PETERS

Address: 3127 CASCO CIRCLE

ORONO, MN 55391

Director: FREDERICK PETERS

Address: 3127 CASCO CIRCLE

ORONO, MN 55391

Director: _____

Address: _____

_____

B. OFFICERS

President: FREDERICK PETERS

Address: 3127 CASCO CIRCLE

ORONO, MN 55391

Vice President: FREDERICK PETERS

Address: 3127 CASCO CIRCLE

ORONO, MN 55391

Secretary: FREDERICK PETERS

Address: 3127 CASCO CIRCLE; ORONO, MN 55391

Treasurer: FREDERICK PETERS

Address: 3127 CASCO CIRCLE; ORONO, MN 55391

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. FREDERICK PETERS, PRESIDENT

(Typed or printed name and capacity of person signing application)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Information Providers, Inc.

Date Formed: 01/22/1996

Chapter Governed By: 302A

This certificate has been issued on 06/28/11.

FILED AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREAT SEAL OF THE STATE OF MINNESOTA
L'ETOILE DU NORD

Mark Ritchie
Secretary of State