

F12000002270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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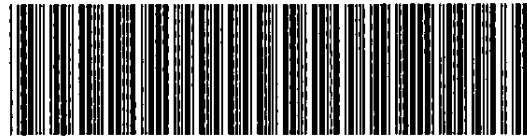
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/12--01025--023 **70.00

FILED
12 MAY 29 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 05/30/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Infutor Consumer Data Solutions, 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:

David W. Glover

Name of Person

David W. Glover, Attorney at Law, Ltd

Firm/Company

19065 Hickory Creek Drive, Suite 150

Address

Mokena, IL 60448

City/State and Zip code

dwglaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Glover

Name of Person

at (708) 478-8630

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. Infutor Consumer Data Solutions, 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. Illinois 3. 83-0435501
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 13, 2005 5. Perpetual
(Date of incorporation) (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. 15129 South Route 59, Plainfield, IL 60544
(Principal office address)

15129 South Route 59, Plainfield, IL 60544
(Current mailing address)

8. The transaction of any lawful business for which Illinois corporations may be incorporated
(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: Pamela Lang

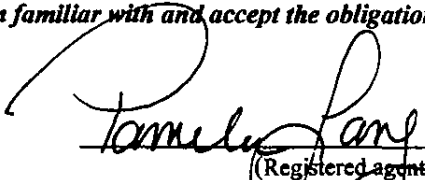
Office Address: 12438 Brantley Commons

Fort Myers, Florida 33907
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: Gary E. Walter

Address: 15129 South Route 59, Plainfield, IL 60544

Vice Chairman: None

Address: _____

Director: None

Address: _____

Director: None

Address: _____

B. OFFICERS

President: Gary E. Walter

Address: 15129 South Route 59, Plainfield, IL 60544

Vice President: None

Address: _____


Secretary: Gary E. Walter

Address: 15129 South Route 59, Plainfield, IL 60544

Treasurer: Gary E. Walter

Address: 15129 South Route 59, Plainfield, IL 60544

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. Gary E. Walter, President

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

File Number

6435-598-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

INFUTOR CONSUMER DATA SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 13, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of APRIL A.D. 2012 .

Jesse White

Authentication #: 1211101398

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE