# F17000003928

(Req	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
·		

Office Use Only

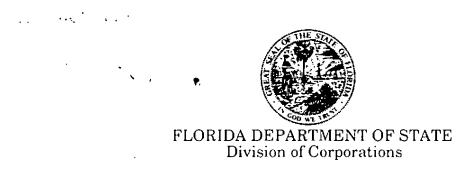


100302280001

08/11/17--01008--028 \*\*78,75

SEORETARY OF STATE ALLAHASSEE, FLORID<mark>A</mark>

FILED



August 14, 2017

ROXANNE MOYERS 909 FRANKLIN ST. HUNTSVILLE, AL 35801 US

SUBJECT: INFINITY O & P, INC. Ref. Number: W17000066451

We have received your document for INFINITY O & P, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00016568

Slow red

(extra be come to be come t

		COVER LETTER	2017 AUG 2017 AUG SEUNLAHA
TO:	Registration Sec	tion	SS 0
	Division of Corp		<u>11</u> € 11
~***	Infinity O	& P, Inc.	Par V
SUB	JECT:	Name of compression, must include suffix	
		Name of corporation - must include suffix	5 <b>6</b>
Dear !	Sir or Madam:		
"Certi above	ficate of Existence referenced foreign	on by Foreign Corporation for Authorization to Transact e," or "Certificate of Good Standing" and check are submate corporation to transact business in Florida.  Condence concerning this matter to the following:	
	ne Moyers	ondence concerning this mater to the following.	
	<del>-</del>	Name of Person	<del></del>
Infinit	y O & P, Inc.	· · · · · · · · · · · · · · · · · · ·	<b>20</b> المراجعة
7		Firm/Company	
909 Fr	anklin St.	• •	TAUG.
		Address	
Huntsville, AL 35801			PH R
гтоус	rs@infinityop.com	City/State and Zip code	98 :3
		E-mail address: (to be used for future annual report not	ification)
For fu	rther information o	concerning this matter, please call:	
Ryan (	C. Hendrix - CPA	334 793-4883	
	Name of Person	Area Code Daytime Telephor	ne Number
	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Division of Corp. P.O. Box 6327 Center Circle Tallahassee, FL	ion orations
Enclos		ne following amount:	5~
PHEION	ica is a check for t	to tonowing amount.	
<b>570</b>	0.00 Filing Fee	■ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ Certificate of Status	3 \$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. (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) Lincoln County Tennessee (FEI number, if applicable) (State or country under the law of which it is incorporated) 03/01/2002 (Date of duration, if other than perpetual) (Date of incorporation) Company has not yet transacted business in Florida (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 909 Franklin St. - Huntsville, AL 35801 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Christopher Hicks Name:

#### 9. Registered agent's acceptance:

Office Address:

2939 Highway 77

(City)

Panama City

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)

10. 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.

### 11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS
Chairman	Christopher Hicks
Address:	299 Lincoln Rd.
	Hazel Green, AL 35750
Vice Chai	Christopher Hicks
Address:	299 Lincoln Rd.
	Hazel Green, AL 35750
Director:	Christopher Hicks
Address:	299 Lincoln Rd.
	Hazel Green, AL 35750
Director:	
Address:	
B. OFFI	CERS
President:	Christopher Hicks
	299 Lincoln Rd.
-	Hazel Green, AL 35750
Vice Presid	Christopher Hicks
	299 Lincoln Rd.
-	Hazei Green, AL 35750
Secretary:	Roxanne Moyers
	909 Franklin St., Huntsville, AL 35801
Treasurer:	Christopher Hicks
	299 Lincoln Rd., Hazel Green, AL 35750
_	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
are true ar	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
13. Chris	topher Hicks - Chairman/President
<del></del>	(Typed or printed name and capacity of person signing application)



## **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

RYAN C. HENDRIX

1521 W. MAIN ST. DOTHAN, AL 36301 July 20, 2017

Request Type: Certificate of Existence/Authorization

Request #: 0244971 Issuance Date: 07/20/2017

Copies Requested:

**Document Receipt** 

Receipt #: 003489292

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3707136119

\$20,00

Regarding:

INFINITY O & P, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 03/07/2002

Status:

Active

**Duration Term: Business County:**  Perpetual

03/07/2002

423131

Formation Locale: TENNESSEE

Inactive Date:

Control #:

Date Formed:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### INFINITY O & P, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 023383936 Processed By: Cert Web User

INFINITY ORTHOTICS & PROSTHETICS, INC 909 Franklin Street Huntsville, AL 35801 256-539-7997 (ph) 256-539-7991 (fx)

# Facsimile transmittal

JUDY Fax: 1-850-245-6030 To: 8/29/2017 Jessa Hicks Date: From: 2 inc. cover Pages: Re: Cc: Please comment Please reply S Confidential For review 열 Urgent

2017 AUG 29 PN 9: 8 SEART STEEL TORIE

11/21/11/01/18