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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Infinity Contact, Inc.		
		- must include suffix	
Dear S	ir or Madam:		
"Certi	closed "Application by Foreign Corporation for ficate of Existence," or "Certificate of Good Star referenced foreign corporation to transact busine	nding" and check are sub	mitted to register the
Please	return all correspondence concerning this matte	r to the following:	2019 APR TALLAND
	Greg Be	est	<u> </u>
	Name of	Person	SS: -9 T
			m; -0 []
	Infinity Cont		PHI2:
	Firm/Con	прапу	92 2: -
	4700 Tama Street	Drive SE. #1500	ම්ස් ග
	Addr		
	Out D	d. 14 0400	
	Cedar Rapi		
	City/State a	nd Zip code	
	compliance@	infinitydelivers.com.	
	E-mail address: (to be used	for future annual report r	notification)
For fu	ther information concerning this matter, please of	call:	
	Greg Best at (319) 378-1400	
	Name of Person Area Cod		hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclos	ed is a check for the following amount:		
⊠ \$7	0.00 Filing Fee	\$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.	Infinity Contact			 2				
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY,'	· "CORPORATIO	'N,"		
		11 ' vii ' 1		-1161			i- 171	<u> </u>
	(If name unavaila	ible in Florida, enter alternate corporate na	ıme	adopted for the p	ourpose of transacti			1)
2.	lowa		_ 3.	42-1456418		Ð.	2013	
	(State or country	y under the law of which it is incorporated)		(FEI number, if a	pplicable)	APR	TI
4.	5-20-1996		5.	perpetual		F	1.	
		of incorporation)	•	(Date	of duration, if othe	r than perpe	tual)O	
6.	N/A					ئىن ايار	PH 12:	
		(Date first transacted busine					· 12	
		(SEE SECTIONS 607.1501 & 60)7.1	502, F.S., to dete	rmine penalty liabi	lity) 岩	5	
7	4700 Tama Str	eet Drive SE, #1500, Cedar Rapids,	IA.	2403		ン	. 01	
٠.				pai office address	5)			_
		(Current rr	naili	ng address, if diff	ferent)			_
8.	Name and stree	t address of Florida registered agent:	(P.	O. Box NOT a	cceptable)			
	Name:	Corporation Service Company						
o	ffice Address:	1201 Hays Street						
		Tallahassee		, Florida				
		(City)			(Zip code)			

9. 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.

Linda Snook
Assistant VP

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 9 ays 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.

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Chief Executive Office - Thomas R. Leidigh
Address: 4700 Tama Street Drive SE, #1500, Cedar Rapids, IA 2403
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. If necessary, but may attach an addendant to the application fishing additional officers and of directors. Ignature of Director or Officer
The officer or director signing this document (and who is listed in number 11 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.
13 Chief Executive Office - Thomas R. Leidigh

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.



4400 River Green Parkway Suite 100 Duluth, GA 30096 (800) 585-4888 toll-free www.compliancepoint.com

April 3, 2019

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Registration Section, Division of Corporations

Enclosed is the Certificate of Authority application for Infinity Contact, Inc. as well as the Certificate of Existence.

Please don't hesitate to contact me if anything else is required. Thank you, in advance, for your assistance.

Regards,

Faith Irie, Assistant Coordinator

Telemarketer Registration Support Service

678-287-7839Direct Line

678-909-0258 eFax

firie@compliancepoint.com

Enc

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 3/27/2019

Name: INFINITY CONTACT, INC. (490 DP - 195939)

Date of Incorporation: 5/20/1996

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of lowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS165796

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State