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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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-06/29/95--01084--007
*****70.00 *****70.00

SUBJECT: INFINITY COMMUNICATION SERVICES, 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", 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:

DEBRA M. CAMERON
(Name of Person)

INFINITY CMNCTN. SVCS., INC.
(Firm/Company)

3577 NW 23RD TER.
(Address)

LAKE PANASOFFKEE, FL 33538
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

MARTA GAINES at (804) 448-0562
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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95 JUN 30 AM 8:14
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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 COMMUNICATION SERVICES INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KENTUCKY
(State or country under the law of which it is incorporated)
3. 01-0458685
(FBI number, if applicable)
4. 7/17/1990
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 7/5/95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 911 RIVERSIDE DR., LOUISVILLE, KY 40207

(Current mailing address)

8. COMMUNICATIONS LINE CONSTRUCTION
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: DEBRA M. CAMERON

Office Address: 3577 NW 23RD TER.

LAKE PANASOFFKEE, Florida, 33538
(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.

Debra M. Cameron

(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: FRAZIER L. GAINES II

Address: 911 RIVERSIDE DR., LOUISVILLE, KY 40207

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: FRAZIER L. GAINES II

Address: 911 RIVERSIDE DR., LOUISVILLE, KY 40207

Vice President: _____

Address: _____

Secretary: MARTA GAINES

Address: 7411 CEDON RD., WOODFORD, VA 22580

Treasurer: MARTA GAINES

Address: 7411 CEDON RD., WOODFORD, VA 22580

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARTA GAINES SECR/TREAS.

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

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OFFICE OF THE SECRETARY OF STATE
**CERTIFICATE OF EXISTENCE
DOMESTIC CORPORATION**

I, BOB BABBAGE, Secretary of State of the Commonwealth of Kentucky, do hereby certify, that according to the records in the office of the Secretary of State of the Commonwealth of Kentucky, INFINITY COMMUNICATION
SERVICES INC.

is a corporation organized and existing under the laws of the Commonwealth of Kentucky, whose date of incorporation is JULY 17, 1990 ;
and whose period of duration is PERPETUAL .

I further certify, that said corporation has paid all fees due and owing to the office of the Secretary of State of the Commonwealth of Kentucky to date; has delivered to the Secretary of State its most recent annual report, as required by KRS 271B.16-220 or 273.3671; and has not filed articles of dissolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Frankfort, Kentucky, this 27TH day of JUNE ,
19 95 .



BOB BABBAGE
Secretary of State
Commonwealth of Kentucky

LVB

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OFFICE OF THE SECRETARY OF STATE
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