m15000002166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer. Ver Kat Devinen gave authorization to addings to application (Section T) du slad

Office Use Only



600270193916

03/04/15--01014--011 **125.00

SECRETAL PROSERVA

COVER LETTER

	egistration Section ivision of Corporations			
SUBJECT			_	
	Name of Limited Liability Company			
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in and check are submitted to register the above referenced foreign limited liability company to tran			
Please retu	rn all correspondence concerning this matter to the following:			
	Venkat Devineni		_	
	Name of Person		_	
	Infi Systems LLC			
	Firm/Company		-	
	529 Cleveland St			
	Address	IVI SE	<u></u>	
	Clearwater, FL 33755	Cari LAH/	MAR	
	City/State and Zip Code	-9 #.(. .)	- 1 	7
	babu.dv@gmail.com	τi .	0	. 1
	E-mail address: (to be used for future annual report notification)	-	- မွ	i_
For further	information concerning this matter, please call:	:	ţ. :	
\	/enkat Devineni _{at (} 732) 789-6648			
	Name of Contact Person Area Code Daytime Telephone No	umber		
D R P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 Clifton Building allahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	is a check for the following amount: \$125.00 Filing Fee \$\Bigsup \$130.00 Filing Fee & \$\Bigsup \$155.00 Filing Fee & \$\Bigsup \$160.00 Filing Fee & \$\Bigsup \$			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Infi Systems LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	y," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC.")	
2. DE (Jurisdiction under the law of which foreign limited liability 3. (FEI nu	mber, if applicable)
company is organized)	пост, и аррисаоте)
4	
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liabi) ility)
2711 Centerville Rd Ste 400	
Wilmington, DE 19808	_
(Street Address of Principal Office)	7 0.
5. 529 Cleveland St	<u> </u>
	<u> </u>
Clearwater, FL 33755	
(Mailing Address)	2
7. The name, title or capacity and address of the person(s) who has/have aut	hority to manage is/are:
Venkat Devineni (m sem)	
529 Classand St.	
Clearwaler, FL 33755	
8. Attached is an original certificate of existence, no more than 90 days old, chaving custody of records in the jurisdiction under the law of which it is organized acceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	nized. (A photocopy is not
D Venkot Babra Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the per	
Signature of an authorized person	and the second s
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the per am aware that any false information submitted in a document to the Department of State constitutes a third degree	

Typed or printed name of signee

Venkat Devineni

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. Tł	e name	of the	Limited	Liability	Company	is:
-------	--------	--------	---------	-----------	---------	-----

Infi Systems LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Venkat Devir	neni	<u>Z</u> v.		
	(Name)	100	댨	
529 Clevelar	All Associated the As	KA9 - U	1)	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	Here The		1
Clearwater	33755	₽; ₽;	3:4	V _i ,
	City/State/Zip	13.	t.	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

D. Verbot	Babu	
		(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INFI SYSTEMS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFI SYSTEMS, LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2006.

15 MAR -4 PH 3: 44

4221556 8300

150277332

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2154250

DATE: 02-26-15

You may verify this certificate online at corp.delaware.gov/authver.shtml