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17 SEP -5 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 6 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infinigy Solutions, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Isabella  
Name of Person

Infinigy Solutions, LLC  
Firm/Company

1033 Watervliet Shaker Road  
Address

Albany, NY 12205  
City/State and Zip Code

lisabella@infinigy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Isabella at ( 518 ) 690-0790  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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17 SEP 2009 PM 3:09  
TALLAHASSEE, FL

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. InBrigay Solutions, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")  
InBrigay Solutions LLC  
(If name is available, 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. New York 3. 14-1837012  
(City and state under the law in which foreign limited liability company is organized) (EFT number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 1401 Town Plaza Court 6. 1033 Watervliet Shaker Road  
(Street address of principal office) (Mailing address)  
Suite 2040 Albany, NY 12205  
Winter Springs, FL 32708

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Drive, Suite A  
Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

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 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.

Adam Saldana Adam Saldana, Asst. Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:
<u>CEO</u>	<u>John S. Stevens</u> <u>1033 Watervliet Shaker Rd</u> <u>Albany, NY 12205</u>	

Name and Address:
<u>SEP - 5 PM 3:09</u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with Section 605.0303 (1) (b), Florida Statutes. I am aware that any 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.

John S. Stevens  
Signature of an authorized person  
John S. Stevens, CEO  
Typed or printed name of signee

**State of New York**  
**Department of State** } **ss:**

I hereby certify, that INFINIGY SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/15/2001, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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FALLEN

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 30th day of August two  
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*