

M19000004115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

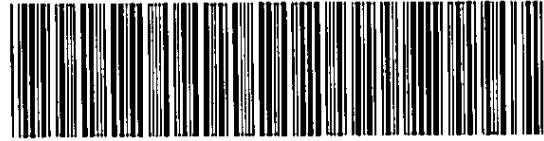
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*spoke to Mr. Sammons
at 1:30 on 4-24-19 he
asked me to add
"Ltd" to alternate name

Office Use Only



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2019 APR 26 AM 7:59

4-24-19
BX



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2019

JEFFREY SAMMONS
709 EAST LINCOLN AVENUE
COLUMBUS, OH 43229

SUBJECT: INFOQUEST INFORMATION SERVICES, LTD.
Ref. Number: W19000032712

you have filed
We have received your document for INFOQUEST INFORMATION SERVICES, LTD. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable. *now enclosed*

Please return 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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00006431

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infoquest Information Services, Ltd.
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:

Jeffery D. Sammons

Name of Person

Sammons & Associates Co., L.P.A.

Firm/Company

709 East Lincoln Avenue

Address

Columbus, Ohio 43229

City/State and Zip Code

chris@sammonslaw.net

J. Sammons @ sammons law. net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery D. Sammons

614 898-9522
at ()

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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE



\$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

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of **Infoquest Information Services, Ltd.**

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Ohio

(State or County of Organization)

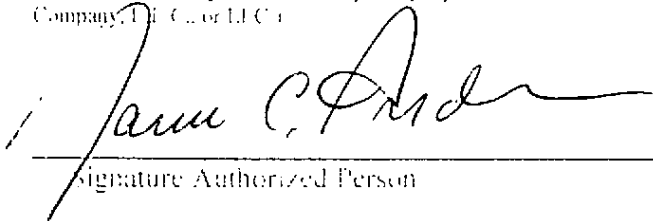
Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Infoquest Information Services, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, Ltd. Co., or LLC.)


Signature Authorized Person

3/12/2019

Date

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. Infoquest Information Services, Ltd.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Infoquest Information Services, 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. Ohio 31-1489486
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 Henderson Road, Suite 300 2000 Henderson Road, Suite 300
(Street Address of Principal Office) (Mailing Address)

Columbus, Ohio 43220 Columbus, Ohio 43220

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

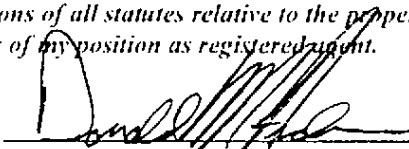
Name: Donald M. Anderson

Office Address: 1797 Cherry Walk Road

Lutz, Florida 33558
(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.


(Registered agent's signature)

2010 APR 21 AM 8:00

3. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity: Name and Address:

☐ Manager Name: James Anderson

☒ Member Address: 7325 Frasier Road

☐ Authorized Westerville, Ohio 43082

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: John Hughes

☒ Member Address: 5889 Parkbridge Lane

☐ Authorized Dublin, Ohio 43017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ken Gorczyca

☒ Member Address: 38251 Millenium Court

☐ Authorized North Ridgeville, Ohio 44039

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Richard Wagner

☒ Member Address: 2980 Welsford Road

☐ Authorized Upper Arlington, Ohio 43016

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

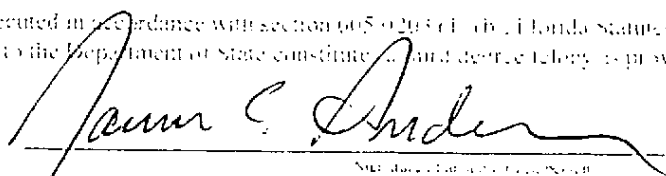
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 605.0205(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a crime and device felony as provided for in s. 817.155, F.S.



Not a Notary Public

James Anderson, Member

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show INFOQUEST INFORMATION SERVICES, LTD., an Ohio Limited Liability Company, Registration Number 964916, was organized within the State of Ohio on January 3, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 17th day of April, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201910702310