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97 NOV 25 PM 4:03
TALLAHASSEE, FL
STATE

Rogers, Towers et al.

| | |
|--------------------------------------|---------|
| Requestor's Name | |
| 106 South Monroe Street 2nd Floor | |
| Address | |
| Tallahassee, FL 32301 (222-7200) | |
| City/State/Zip | Phone # |

* Please call Pat if problems.

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Infoquest Systems, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-11/25/97--01040--022
*****70.00 *****70.00

- ☒ Walk in ☒ Pick up time 11-25 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

*Please retu.
a filed
stamped copy.
Thanks

RECEIVED
97 NOV 25 AM 11:23
DIVISION OF CORPORATION

W97-26564
K. R. NOV 25 1997

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 25, 1997

ROGERS, TOWERS ET AL.
106 S MONROE STREET
2ND FLOOR
TALLAHASSEE, FL 32301

SUBJECT: INFOQUEST SYSTEMS, INC.
Ref. Number: W97000026564

We have received your document for INFOQUEST SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return the original and one copy of 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) 487-6932.

Kimberly Rolfe
Document Specialist

Letter Number: 897A00056341

Judy:
Please call Kim to
come get this.

ARTICLES OF INCORPORATION
OF
INFOQUEST SYSTEMS, INC.

FILED
97 NOV 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

Name

The name of this corporation is:

INFOQUEST SYSTEMS, INC.

ARTICLE II

Purpose

The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the accomplishment of the objects necessary or incidental to the benefit and protection of the corporation, and to transact any lawful business and to exercise all powers granted to corporations by the laws of the State of Florida.

ARTICLE III

Stock

The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of the par value of One Cent (\$0.01) each.

ARTICLE IV

Perpetual Existence

This corporation is to have perpetual existence.

ARTICLE V

Principal Office; Mailing Address

The principal office and mailing address of this corporation will be at 10150 Belle Rive Boulevard, Apt. #1010, Jacksonville, Florida 32256, or such other address as the Board of Directors may from time-to-time designate.

ARTICLE VI

Directors

The number of its directors shall not be less than one (1) but may be such greater number as may be elected by the stockholders from time to time.

The name and address of the member of the first board of directors, who shall hold office for the first year of the existence of the corporation or until his successor is elected or appointed is:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|---|
| Murthy Kota | 10150 Belle Rive Boulevard Apt. #1010 Jacksonville, Florida 32256 |

ARTICLE VII

Incorporator

The name and address of the sole incorporator of the corporation are as follows:

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|---|
| Murthy Kota | 10150 Belle Rive Boulevard Apt. #1010 Jacksonville, Florida 32256 |

ARTICLE VIII

Registered Agent

The name of the initial registered agent of this corporation and the street address of the initial registered office of this corporation is

| <u>NAME</u> | <u>ADDRESS</u> |
|-------------|---|
| Murthy Kota | 10150 Belle Rive Boulevard Apt. #1010 Jacksonville, Florida 32256 |

ARTICLE IX

Amendment

This corporation reserves the right to amend, alter, change or repeal any provision contained in its articles of incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 24 day of ~~August~~, ^{November} 1997.

X. A. Ngywinty
Murthy Kota
Incorporator

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

INFOQUEST SYSTEMS, INC.

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

Murthy Kota
10150 Belle Rive Boulevard
Apt. #1010
Jacksonville, Florida 32256

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE: _____

Murthy Kota

DATE: 11-24-97

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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