

**Application for Certificate of Authority** 

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

SECRETARY OF STATE CORPORATIONS DIV

1. The name of the corporation is:					
Data Facts, Inc.					
2. It is incorporated under the laws of: Tennesse	ee	<del></del>			
3. The name, if different, which it elects to use in Rh	ode Island is:				
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation therecabove corporate endings for use in Rhode Island:	•				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 06/30/1989					
And the period of its duration is: CHECK ONE BOX  Perpetual (on-going)	ONLY				
Date certain for dissolution					
5. The address of its principal office is: 8000 Centerview Parkway, Suite 400, Cordova, TN 38018					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address ( <u>NOT</u> a P.O. Box)  222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code <b>02888</b>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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					of business in Rhode Island are:
Business and consumer credit reporting & background screening and appraisal management					
8. (a) The names and restate or country of which	*		ectors (or	ptional, unles	ss directors are required under the laws of the
NAME				ADDRESS	
Daphne T. Large 8000 Centerview		view Pkv	 vy., Suite 40	0, Cordova, TN 38018	
Julie D. Wink 8000 Centerview		view Pkv	vy., Suite 40	0, Cordova, TN 38018	
					- · · · ·
		<del> </del>			
					Check the box to indicate an attachment
Ω (h) The names and r	espective add	resses of its pri	incinal off	icers (manda	atory if directors are not required under the laws
of the state or country of	•		Holpai o	Cera (monac	illory if directors are not required under the terre
OFFICE	T	NAME		T	ADDRESS
PRESIDENT	Daphne D. Large			8000 Centerveiw Pkwy., Suite 400, Cordova TN 38018	
VICE PRESIDENT	Julie T. Win	Julie T. Wink		8000 Centerview Pkwy., Suite 400, Cordova TN 38018	
TREASURER					
SECRETARY					
				,I	Check the box to indicate an attachment
9. The aggregate numb par value, and series, if			hority to is	ssue; itemize	d by classes, par value of shares, shares without
NUMBER OF SHARES				SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	A				No Par Value
		<del></del> -	-	-	
		<u>-</u>			
<del></del>			•		
<del></del>					
10. An estimate, as a p	ercentage, of	the proportion	that the e	estimated valu	ue of the property of the corporation to be
	during the foll	lowing year bea	ars to the	value of all p	property of the corporation to be owned during
n		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-5		
<u> </u>	כ				
11 An estimate as a r	percentage of	f the proportion	of the or	es amount c	of business to be transacted by the corporation
11. An estimate, <b>as a percentage</b> , of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. ( <i>Note: Percentage obtained from worksheet.</i> )					
1.125	, o				
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12. This application must be accompanied by a Certificate of Good St formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK Of	NE BOX ONLY			
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined thi accompanying attachments, and that all statements contained herein				
Type or Print Name of Authorized Officer	Date			
Daphne T. Large	06/05/2019			
Signature of Authorized Officer of the Corporation	IERE			



## **Division of Business Services** Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

## **GREGORY CHALIFF**

SUITE 400

8000 CENTERVIEW PKWY

CORDOVA, TN 38018

Request Type: Certificate of Existence/Authorization

Request #:

0315370

Issuance Date: 05/07/2019

Copies Requested:

May 7, 2019

**Document Receipt** 

Receipt # : 004799234

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3757749414

\$20.00

Regarding:

DATA FACTS, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 06/30/1989

Status:

Active

**Duration Term:** 

Perpetual

Business County: SHELBY COUNTY

Control # :

217589

Date Formed: Formation Locale: TENNESSEE

06/30/1989

Inactive Date:

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## DATA FACTS, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

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Secretary of State

Verification #: 033165422