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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

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COVER LETTER
TO: New Filing Section Division of Corporations
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SUBJECT: TNPINITE WURLDS TNC. (Name of corporation - must include suffix)
(Name of corporation - must include surfix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
KIRAN SHIVA AKAL
KIRAN SHIVA AKAL (Name of Person)
INFINITE INDRIAS INC.
(Firm/Company)
INFINITE WORLDS INC. (Firm/Company) 780 NE 69th ST. #808 (Address) MIAMI FL 33138 (City/State and Zip code)
(Address)
MIAMI EI 33138
(City/State and Zip code)
• • • • • • • • • • • • • • • • • • • •
For further information concerning this matter, please call:
(Name of Person) at (<u>786</u>) 223 - 1301 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS IN FLORIDA

BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAD.
1. INFINITE WORLDS TIC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>DELAWARE</u> (State or country under the law of which it is incorporated) 3. <u>94 - 3392675277</u> (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 780 NE 69th STREET. #1808 M/AMI FL. 33138 (Principal office address) 780 NE 69th STREET #808 M/AMI FL 33138
(Principal office address)
780 NE 6919 STREET #808 MIAMI = 33138
(Current mailing address)
8. TO ENGAGE IN ANY CAWFUL ACTIVITY ON ACT PORWHICH CORPORATIONS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) HAY BE ORGANN SED UNDER THE FLORIDA GENERAL ORDER ATION LAN 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: DR. KIRAN SHIVA AICAZ
Office Address: 780 NE 69th St # 508
MAMA Florida 33128'
(City), Florida 33138 (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	昭昌 三
	S\$2 -0
Director	THE D
Director:	97 -
Address:	<u> </u>
Director:	
Address:	
President: KIRAW SHUA AKAL. Address: 980 NE 69th ST. #808. MIAMI FL. Vice President: 5/R1 AKAL. Address: 780 NE 69th ST. #808 MIAMI FL.	
Secretary: KIRTW SHIVA AICAL	
Address: 780 NE 69 th sy. # 508 MIMINI FL	33136.
Treasurer: KIKHW SHIVE BICAL	· · · · · · · · · · · · · · · · · · ·
Address: 780 NE 69th ST # SUF MIAMI PZ.	33138.
NOTE: If necessary, you may attach an addendum to the application listing additional officer	rs and/or directors.
(Signature of Director or Officer listed in number 12 of the application)	<u> </u>
	SIDENT).
(Typed or printed name and capacity of person signing application)	

Delaware

DACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFINITE WORLDS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF OCTOBER, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SECRETARY OF STATE.



Warriet Smith Windson Secretary of State

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AUTHENTICATION: 5118629

DATE: 10-16-06

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