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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

COVER LETTER

	tration Section ion of Corporations						
SUBJECT:	Infinity Protection Services, In	nc					
Name of corporation - must include suffix							
Dear Sir or M	adam:						
"Certificate o	"Application by Foreign Conf Existence," or "Certificate ced foreign corporation to tra	of Good Stanc	ling" and check are subm				
Please return	all correspondence concernia	ng this matter	to the following:				
Farell L. Mung	go						
	,	Name of F	Person				
Infinity Protec	tion Services, Inc						
		Firm/Comp	oany				
2909 Langholi	n Place						
		Addre	SS				
Vienna, VA, 2	2181						
		City/State an	d Zip code				
fmungo@infin	• •						
	E-mail address:	: (to be used fo	or future annual report no	tification)			
For further in	formation concerning this ma	atter, please ca	all:				
Farell L. Mung	arell L. Mungo at (718) 844-6664						
Nam	e of Person	Area Code	Daytime Telepho	one Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amo seck payable to: FLORIDA DE ing Fee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 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 FLORIDA.

infinity Protecti				
"Inc.," "Co.," "Co	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp,")	ED," "(COMPANY," "CORPORATIO	N,"
(If name unavaila	able in Florida, enter alternate corporate na	ime ado	pted for the purpose of transaction	ng business in Florida)
Delaware 2.		2		
(State or country under the law of which it is incorpora)), —–	(FEI number, if applicable)	
4. 03/19/2014				
(Date of incorporation)		٥	(Date of duration, if other	than perpetual)
б.				
7. 265 Killinger Ave	(SEE SECTIONS 607.1501 & 60 enue, Springhill, FL 34606-6350	7.1502,		ity)
2000 1 . 1.4 . 1	•	office §	treet address)	
2909 Langnoim I	Place, Vienna, VA, 22181			
	(Current m	ailing a	klress, if different)	7. 2
	et address of Florida registered agent: 	(P.O. B	ox <u>NOT</u> acceptable)	PILI 2021 DEC -9 SECRETARY
Name: Office Address:	265 Killinger Avenue		_	
	Springhill		, Florida 34606-6350	STATE CORIDA
	(City)		(Zip code)	401% 31.5 6.1

9. 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)

10. 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.

A. DIRECTORS Farell L. Mungo Name: □ Chairman ■Chairman 2909 Langholm Place Address: ___ ☐Vice Chairman □ Vice Chairman Address: Vienna, VA 22181 □ Director □ Director □ President □ President ☐ Vice President ☐Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other ____ □Other _____ Other ____ □Other ____ Name: ____ ☐ Chairman ☐ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: ☐ Director □ Director □ President □President □ Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ Other _____ ☐Other _____ ☐ Chairman Name: _____ Chairman Name: Address: □Vice Chairman Address: ____ □ Vice Chairman □ Director ☐ Director President □ President □Vice President □ Vice President □ Secretary □ Secretary ☐ Treasurer ☐Treasurer □Other □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 inject when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Farell L. Mungo, President/CEO



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INFINITY PROTECTION SERVICES 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 TWENTY-NINTH DAY OF OCTOBER,

A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINITY

PROTECTION SERVICES INC." WAS INCORPORATED ON THE NINETEENTH DAY OF

MARCH, A.D. 2014.

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

Authentication: 204549229

Date: 10-29-21