F22000006087

(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:			

Office Use Only



200388837142

2022 SEP 29 PM 4: 33

APPROVED AND FILED

RECEIVED

SEP 2" 2017

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850,656,7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 9/29/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1074505

Page 1 of 1

ORDER ENTITY

INFINEO GROUP, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

INFINEO GROUP, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, September 29, 2022

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.

l. <u>Infineo Group, l</u>				
	orporation; must include "INCORPORATED," - orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATIO	N,"	
(If name unavails	able in Florida, enter alternate corporate name ad-	opted for the purpose of transaction	ng business in Florida)	
Delaware				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
August 25, 2021	1			
(Date of incorporation)		(Date of duration, if other	(Date of duration, if other than perpetual)	
•				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ity)	
2739 Oak Ridge	Court, Suite 204, Fort Myers, Florida 33901			
	(Principal office	street address)		
	(Current mailing a	address, if different)	SECRLIA	
. Name and stree	<u>nt address</u> of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	SEP :	
Name;	Incorporating Services, Ltd.	_	PILEI 29 F	
Office Address:	1540 Glenway Drive	_	PH 4:	
	Tallahassee	, Florida ³²³⁰¹	<u>≒</u> 33	
	(City)	(Zip code)	-	

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.

DocuSign Envelope ID: 4B1B92E6-77C9-49FF-B6D5-F8546709FF30

A. DIRECTORS Name: Cole Snell □Chairman □ Chairman Name: Address: 2379 Oak Ridge Court □ Vice Chairman ☐ Vice Chairman Address: Suite 204 ■ Director □ Director Fort Myers President □ President Florida, 33901 □ Vice President ☐ Vice President Secretary Treasurer ☐Treasurer □ Secretary □Other _____ □Other _____ □Other □Chairman Name: □ Chairman Name: Address: □Vice Chairman Address: ☐ Vice Chairman □ Director □ Director □President □ President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □ Chairman Name; Name: □ Chairman □Vice Chairman Address: ______ ☐ Vice Chairman Address: □Director □ Director □President □ President □ Vice President _____ ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □ Other _____ □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 has becaused by the index when filing your Florida Department of State Annual Report form. E047269119B14E6

The officer or director signing this document (and who is fisted in number 11 above) aftirms 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.

Signature of Director or Officer

, Cole Snell, Chief Executive Officer

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INFINEO GROUP, 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 SEPTEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINEO GROUP,

INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D.

2022.

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



Jeffrey W. Sadlects, Sacretary of Blatz

Authentication: 204508906