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### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	FCT: INFINITE COMMITMEN	T SOLUTIONS, 1	NC.			
(3()1)4)1		ne of corporation	- must include suffix	<del>-</del>		
Dear Si	ir or Madam:					
"Certifi	closed "Application by Foreign icate of Existence," or "Certific referenced foreign corporation t	ate of Good Stan	ding" and check are sub			
Please	return all correspondence conce	erning this matter	to the following:			
LEVEN	T DUZEN					
		Name of	Person			
						20%
	•	Firm/Com	ipany			<b>12</b> 0.
816 We	st Woodlawn Avenue				، د ات در <del>آ</del>	() ()
		Addro	288		; j.	
North A	ugusta, SC 29841				٠,	<u>.</u>
		City/State a	nd Zip code		.> —·	DEC 21 11 2: 31
leventd(	@driveics.com					34
	E-mail addr	ess: (to be used f	or future annual report r	notification)		
For fur	ther information concerning this	s matter, please c	all:			
LEVEN	T DUZEN	at ( <u>23</u> 9	682-5790			
	Name of Person	Area Cod		hone Number	-	
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	lection orporations 7		
Please r	ed is a check for the following a make check payable to: FLORIDA .00 Filing Fee	DEPARTMENT	OF STATE  S78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate (	of Status &	દ

## 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.

(If name unavail	able in Florida, enter alternate corporate no	ame adopted for the purpose of transacting business in Florida
SOUTH CARO	LINA	3. 86-2465879 (FEI number, if applicable)
(State or countr	y under the law of which it is incorporated	d) (FEI number, if applicable)
02/18/2021		5
(Date	(Date of incorporation) 5. (Date of duration, if other than	
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
316 West Woodla	nwn Avenue, North Augusta, SC 29841	
	(Principal	office street address)
		<del>-</del> :
	(Current m	nailing address, if different)
		(P.O. Box NOT acceptable)
Name and stree	et address of Florida registered agent:	(P.O. Box NOT acceptable)
Name:	CT CORPORATION SYSTEM	<del></del>
ffice Address:	1200 SOUTH PINE ISLAND RD	<b>s</b> i i
	PLANTATION	, Florida 33324
	(City)	(Zip code)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				
□Chairman	Name: LEVENT DUZEN	□Chairman	Name:	
□Vice Chairman	Address: 816 W. Woodlawn Ave, N. August	□Vice Chairman		
□Director		□Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary		☐Treasurer
□Other	Other	□Other	<del></del>	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer >>
Other	Other	□Other		~5
				102 162
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	1 N C
□Director		□Director		34
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		□Other
individuals may be	Use an attachment to report more than six (6). The a e added to the oldex when filing your Florida Depart Signature of Director signing this document (and who is listed in num	ment of State Annual R	eport form.	

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.

13. LEVENT DUZEN, PRES.

# The State of South Carolina



## Office of Secretary of State Mark Hammond

#### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Infinite Commitment Solutions, Inc., a corporation duly organized under the laws of the State of South Carolina on February 18th, 2021, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of December, 2022.

Mark Hammond, Secretary of State