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NAME: INFINIT \ FINANCIAL GROUP, INC

TYPE OF FILING: APPLICATION

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: INFINITI FINANCIAL GROU	IP, INC.		
5020		corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Corplicate of Existence," or "Certificate or referenced foreign corporation to train	f Good Stand	ing" and check are sub	
Please	return all correspondence concerning	g this matter t	o the following:	
місн	AEL ALEXANDER			
		Name of P	erson	
INFIN	ITI FINANCIAL GROUP, INC.			
-		Firm/Comp	any	
1020 N	filwaukee Ave Suite 230			
•		Addres	S	
Deerfie	eld, IL 60015			
		City/State and	l Zip code	
MIKE(	@INFINITILOANS.COM			
	E-mail address: (	to be used for	r future annual report n	otification)
For fur	ther information concerning this mat	ter, please cal	II:	
MICHAEL ALEXANDER at ( 847 ) 832-1800				
	Name of Person	Area Code	Daytime Telepl	none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please r	ed is a check for the following amour make check payable to: <b>FLORIDA DEP</b> .00 Filing Fee S78.75 Filing I Certificate of S	ARTMENT C	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(Enter name of c	ANCIAL GROUP, INC. orporation; must include "INCORPORATED,"	"COMPANY" "CORPORATION"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp,")	COMPANY, COM ORATION,	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida	1)
2. Illinois	3	3 20-5438808	
	y under the law of which it is incorporated)	(FEI number, if applicable)	··
4			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6	(Date first transacted business in		<del>_</del>
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
7 1020 Milwaukee	Ave Suite 230, Deerfield, IL 60015		
••		e <u>street</u> address)	
		SE SE	_:1- <sup></sup> }
	(Current mailing	address, if different)	
9 Name and street	at addresses of Florida assistanted as anti-(D.C.)	· 6	: 23
	et address of Florida registered agent: (P.O. Paracorp Incorporated	Box NOT acceptable)	**************************************
Name:		<u> </u>	
Office Address:	155 Office Plaza Drive, 1st Floor		11
	Tallahassee		
	(City)	(Zip code)	
9. Registered age	ent's acceptance:		
Having been nam	ed as registered agent and to accept service	of process for the above stated corporation at the	
		ent as registered agent and agree to act in this cap ative to the proper and complete performance of i	
	with and accept the obligations of my posi		,
	Please see attached.		
	(Registered agent's sign	nature)	

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 MICHAEL ALEXANDER Chairman Name: □Chairman Name: 1020 Milwaukee Ave Suite 230 □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ Deerfield, IL 60015 □ Director □ Director □ President ■ President ☐ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman ☐ Chairman Name: \_\_\_\_\_ Name: □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ □ Director □ Director □President □ President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ ☐ Chairman □ Chairman □Vice Chairman Address: □ Vice Chairman Address: \_\_\_\_\_ Director □ Director □President □President □Vice President \_\_\_\_\_ □Vice President □ Treasurer □ Secretary □Treasurer ☐ Secretary □ 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 index 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 \$817,155, F.S.

MICHAEL ALEXANDER, President

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 08/15/2023

ENTITY NAME: INFINITI FINANCIAL GROUP, INC.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

INFINITI FINANCIAL GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH

day of AUGUST A.D. 2023

Authentication #: 2322703894 verifiable until 08/15/2024

Authenticate at: https://www.ilsos.gov

Alexi Giannon

SECRETARY OF STATE