To:

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(((H24000417362 3)))



H2400041736234BCS

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Tn:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION INFINITE SERVICES INC.

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COVER LETTER

	stration Section sion of Corpora				
SUBJECT:	INFINITE SE	RVICES INC.			
17070017.01.		Name of corporat	ion - n	nust include suffix	
Dear Sir or M	tadam:				
"Certificate o	of Existence," o	oy Foreign Corporation f r "Certificate of Good S rporation to transact bus	tandin	g" and check are subi	
Please return	all correspond	ence concerning this mat	ter to	the following:	
		Name	of Per	5011	
FILE RIGHT	LLC				
		Firm/C	ompar	ıy	
1425 37TH S	TREET, SUITE	201			
		Ac	dress		
BROOKLYN	NY 11218				
		City/Stat	e and 2	Zip code	
SALES@FILI	FACORP,COM				
	E	-mail address: (to be use	d for t	uture annual report n	otification)
For further in	formation cond	erning this matter, pleas	e call:		
SARA		718 at ()	8785811	
Nan	e of Person	Area C	ode	Daytime Teleph	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		
	heck payable to:	ollowing amount: FLORIDA DEPARTME S78.75 Filing Fee & Certificate of Status	\square S7	STATE 78.75 Filing Fee & ertified Copy	☐ \$87.50 Filing Fee. Certificate of Status &

To: Page, 09 of 11, 2024-12-19 19:04:37 GMT 17187959036 From, Mark Fuchs

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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.

INFINITE SER	VICES LINC.	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flor(da)
NEW YORK	3.	
(State or countr	y under the law of which it is incorporated)	
08/19/2009	5	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
·		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)	orida, if prior to registration) F.S., to determine penalty liability)
2632 ATLANTIC	CAVE BROOKLYN, NY 11207	a too, we determine penany monny,
	(Principal office)	street address)
2632 ATLANTIO	C AVE, BROOKLYN, NY 11207	
	(Current mailing a	ddress, if different)
. Name and stree	et address of Florida registered agent: (P.O. B	Box <u>NOT</u> acceptable)
Name:	SALOMON ENGLANDER	
ffice Address:	10902 SAILBROOKE DRIVE	
	RIVERVIEW	Florida
	(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.

7s/ SALOMON ENGLANDER

(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.

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

To: H24000417362 3

□Chairman	Name: SALOMON ENGLANDER	□ Chairman	Name.	
BVice Chairman Address:		□Vice Chairman	Address:	
□Director	BROOKLYN, NY 11219	Director		
T.President		□ President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
OFFICER ■ Other	Other	Other		□Other
TiChairman	Name:	T.Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□.Director		
□President		E.President		
⊒Vice President		□Vice President		
□Secretary	☐Treasurer	USecretary		☐ Freasurer
□Other		□Other		ZiOther
⊒Chairman	Name:	□Chauman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	11
□Director		Director		
□President		□ President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	□Other		□Other

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.

SALOMON ENGLANDER

H24000417362.3

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diffgent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: INFINITE SERVICES INC.

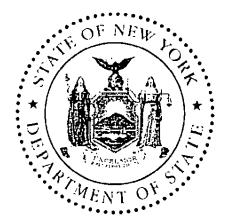
DOS ID Number: 3846908

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 08 19/2009

Statement Status: CURRENT Statement Due Date: 08/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seaf of the Department of State, at the City of Albany, on December 19, 2024 at 12:28 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heylson

BRENDAN C. HUGHES Executive Deputy Secretary of State

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