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DIVISION OF CORPORATION

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: INFINITY FINANCIAL S	SOLUTIONS,LLC				
(Name of Limited Liability Company)					
The enclosed Articles of Organization and	.,				
Please return all correspondence concerni	ing this matter to the following:				
MICHAEL LUNDY FITTS					
(Name of Person)					
INFINITY FINANCIAL SOLUTION, LL	_C				
(Firm/Company)					
3746 TORRES CIRCLE					
(Address)					
WEST PALM BEACH, FL.33409					
(City/State and Zip Co	de)				
For further information concerning this m	natter, please call:				
MICHAEL LUNDY FITTS, MGR.	at (561) 441-7068				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: INFINITY FINANCIAL SOLUTIONS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office	Address:	Mailing Address:	
3746 TORRES CIRCLE		3746 TORRES CIRCLE	
WEST PALM BEACH, FL. 33409		WEST PALM BEACH, FL. 33409	
	Registered Agent, Registered Office, e Florida street address of the registered	I agent are:	
	MICHAEL LUNDY FITTS		
	Name		
	3746 TORRES CIRCLE	P RPS	
	Florida street address (P.O. Box NO	T acceptable)	
	WEST PALM BEACH FL 33	Tacceptable) \therefore AA	
	City, State, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	MICHAEL LUNDY FITTS
-	3746 TORRES CIRCLE
	WEST PALM BEACH, FL. 33409
MGRM	VANESSA L. FITTS
	3746 TORRES CIRCLE
	WEST PALM BEACH, FL, 33409
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)
MICHAEL LUNDY Typed	FITTS or printed name of signee
·	Filing Fees: 100.00 Filing Fee for Articles of Organization 25.00 Designation of Registered Agent 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)

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