

L04000029820

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AND  
FILED

5-12-04

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Infinity Insurance Services Advisors, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** LO 4000029820

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Strothman, Esq.  
(Name of Person)

BizLaw  
(Name of Firm/Company)

2350 N 39 St. N.  
(Address)

St. Petersburg, FL 33713  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Strothman at ( 727 ) 322-9400  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -5 AM 11:19

AND  
FILED

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

- Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Infinity Insurance Services Advisors, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect statement is the name Infinity  
Insurance Services Advisors, LLC. The correct  
name is Infinity Insurance Advisors, LLC.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: April 28, 2006

Nicole Strothman, Esq.  
Signature of a member or authorized representative of a member

Nicole Strothman, Esq.  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

04 MAY -5 AM 11:19  
FILED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L04000029820  
FILED 8:00 AM  
April 19, 2004  
Sec. Of State  
Iivers

**Article I**

The name of the Limited Liability Company is:  
INFINITY INSURANCE SERVICES ADVISORS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1700 66TH STREET NORTH  
301  
SAINT PETERSBURG, FL. 33710

The mailing address of the Limited Liability Company is:  
1700 66TH STREET NORTH  
301  
SAINT PETERSBURG, FL. 33710

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BIZLAW  
2350 N 34 STREET NORTH  
110  
SAINT PETERSBURG, FL. 33713

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.

Registered Agent Signature: NICOLE D. STROTHMAN

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
INFINITY FINANCIAL HOLDING CO.  
1700 66TH STREET NORTH, STE. 301  
ST. PETERSBURG, FL. 33710

**L04000029820**  
**FILED 8:00 AM**  
**April 19, 2004**  
**Sec. Of State**  
**Irivers**

Signature of member or an authorized representative of a member

Signature: NDS