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## TRANSMITTAL LETTER

TO: Registration Se Division of Cor	ction porations			
cuprece. Infinity Ah	sundance II C			
SUBJECT: Infinity Abundance, LLC (Name of Limited Liability Company)				
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
John Cat	annakal			
John Sch		lame of Person)		
Attorney at Law				
	[]	Firm/Company)		
2963 Gulf to	Bay Blvd., Suite 208 Wate			
(Address)				
Clearwater, FL 33759				
	(City/	State and Zip Code)		
For further information of	concerning this matter, please	call:		
	, , , , , , , , , , , , , , , , , , , ,			
John Schnackel	<u> </u>	at (727 ) 204-0808		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	r the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	\$160.00 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
			••	

# 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 Abundance, LLC				
ARTICLE II - Address:				
The mailing address and street address of the p	rincipal office of the Limited Lia	bility Con	ipany	is:
Principal Office Address:	Mailing Address:			
4948 5th Avenue South				
St. Petersburg, FL 33707				
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's	Signature	:	
The name and the Florida street address of the registered agent are:			05 MAY	
Sarah Hebert		*****	5	
Name			<u>~</u> <	1 1 
4948 5th Avenue South		***		
Florida street address (P.O. Box NOT acceptable)			P	۵۰ در موسوده
St. Petersburg 33707	<u>FL</u>	, <del>ji</del> c.	2: 53	
City, State,	and Zip		ယ	

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 "MGRM" = Managing Member	Name and Address:
(VIORIVI — Managing Mentoci	
MGRM	Sarah Hebert
	4948 5th Avenue South
	St. Petersburg, FL 33707
MGRM	Jason Hebert
	4948 5th Avenue South
	St. Petersburg, FL 33707
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a memb	May Hebert: er or an authorized representative of a member.
<u> </u>	•
(In accordance with se of this document const that the facts stated by	etion 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury herein are true.)
Sarah Hebert	
Ту	ped or printed name of signee
Filing Fees;	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)