

**L05000054651**

Florida Department of State  
Division of Corporations  
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RECEIVED DEPT CORP

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

2005 JUN -2 AM 9:32  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**infinite merchant solutions, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN JUN - 3 2005

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:

INFINITE MERCHANT SOLUTIONS, LLC

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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company are:

**Principal Office Address:**

1960 N.E. 165 STREET  
NORTH MIAMI BEACH, FL 33162

**Mailing Address:**

1960 N.E. 165 STREET  
NORTH MIAMI BEACH, FL 33162

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

BRIAN D. GORDON, C.P.A.  
Name

12550 BISCAYNE BOULEVARD, SUITE 500  
Florida street address (P.O. Box NOT acceptable)

NORTH MIAMI FL 33181  
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)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

THOMAS DANIELS  
1030 N.E. 121 STREET  
BISCAYNE PARK, FL 33161

MGR

SCOTT KIMBALL  
1960 N.E. 165 STREET  
NORTH MIAMI BEACH, FL 33162

MGR

LENNY NIEVES  
11620 S.W. 120 TERRACE  
DAVIE, FL 33325

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS DANIELS

Typed or printed name of signee

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