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DEFANCE OF SHEPORATIONS
DIVISION OF CHEPORATIONS
TALLAHASSEE FLORIDA

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COVER LETTER

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ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	p \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
Enclosed is a check for	r the following amount:		ORIDA) }
Sean Su (Name o	Ulivan of Person)	at (<u>850</u>) <u>510</u> (Area Code & Daytime	ب ی تا	
For further information c	oncerning this matter, please	call:	APR 24	
	(City	y/State and Zip Code)	O7 I	_
Tal	lahassee.	FL. 323. y/State and Zip Code)	08	
598	5 Thornt	(Address)		_
~ ~ ~	0	(Firm/Company)		
Inf	inity Real	Estate ar	nd Invest m	ents U
		(Name of Person)		<u> </u>
S-	ean Suu	i) Can	•	
Please return all correspo	ondence concerning this matte	er to the following:		
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
SUBJECT: 1	1 N W Keal (Name of Limite	Estate and I	nvertments	LLC
n		C-1 10 - 1 T		
TO: Registration Sec Division of Cor			•	

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Infinity Real Estate (Must end with the word "Limited Liability Company, "Limited	and Investments Ul Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5985 Thornton Ln. Tallahassee, Fl. 32308	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	_ درج حسد
<u>Sean Suu</u>	O7 APR 24 APR 24 APR 24
5985 Thorns	ress (P.O. Box NOT acceptable)
Tallahassee City, State, an	FL 32368 S 3: 0
•	

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 (REQUIRED)

(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" = Manage "MGRM" = Mana	
MGRM	Sean Sullivan 5985 Thomton In. Tallahassee, Fl. 32308
MGKM	Kelly Sullivan 5985 Thirnton Un. Tallanassee, FL-32-300
	R 21 PH 3: 2 HASSEE, FLOR
	nte, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business da
REQUIRED SIG	NATURE: 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.)
,	Turned or minted name of size as
Filing Fees:	Sean Sulivan Typed or printed name of signee

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)