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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
DEC 182008
EXAMINER

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OB DEC 17 AM 8: 45

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: INFINITI GROUP LLC (Name of L'imited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARC OTT (Name of Person)
(Time Company)
14820 STONERIZIAR WAY (Address)
ORLANDO FL 32826 (City/State and Zip Code)
For further information concerning this matter, please call:
MARC OTT at (407) 488-9825 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is: | NEINTI GROUP, L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "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: | Same |

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

business entity with an active Florida registration.)

Name

14820 StoNERIAL WAY

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 37826

City, State, and Zip

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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) Page 1 of 2 OB DEC 17 AH 8: 45

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

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

Mohm	MARL OIT, DC 14820 STONEBRIAR WAY ORLANDO FZ 32826.
MGRM	JONATHAN BERNS DC 10534 PLANTATION BAY DL. TAMPA FL 331047.
MORM	GERDAD HINLEY DC 954 CRESENT BUD. GLEN FLUN, IL 60137
(Use attachment if necessary)	
EV: Effective date, if other than	an the date of filing: (OPTION and the specific and cannot be more than five business dates and cannot be more than the specific and ca

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.)

MARC OTT DC
Typed 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)

PILED

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