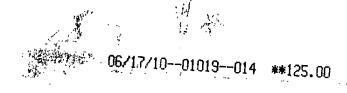
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE OF CORPORATION:

T. HAMPTON
JUN 1 8 2010
EXAMINER

## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SUBJ	ECT: INFINIT	I RESOURCE MANAG		-
		Name of Limite	ed Liability Company	
The er	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corresp	condence concerning this matt	er to the following:	
	CLARISSA T	HOMPSON		
			Name of Person	
	INFINITI RES	SOURCE MANAGEMENT	<del></del>	
			Firm/Company	
	10401 HIGHL	AND MANOR DRIVE SU	****	
			Address	
	TAMPA,FLO			
	C THOMBSO		y/State and Zip Code	
	CTHOWFSO	N @ IRMPEO.COM  E-mail address: (to be used f	or future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
CLAF	RISSA THOM	PSON	at ( 813-664-1664 )	
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclo	sed is a check for	or the following amount:		
<b>☑</b> \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 C Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INFINITI RESOURCE MANAGE	······································
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
10401 HIGHLAND MANOR DRIVE	SAME
104011110111111111111111111111111111111	
SUITE 220	

ICCC C CREUND

JEFF E FREUND

Name

10401 HIGHLAND MANOR DRIVE SUITE 220

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

TAMPA FL 33610

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..

gent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

MGMR	CLARISSA THOMPSON		
	10401 HIGHLAND MANOR DRIVE SUITE 220		
	TAMPA,FL. 33610		
(Use attachment if necessary)	•		
LEV: Effective date, if other than th	ne date of filing: (OPTIONA		

**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.)

CLARISSA THOMPSON

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)

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