

L13006167218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

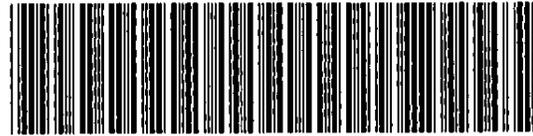
(Business Entity Name)

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DEPARTMENT OF STATE  
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FILING OFFICE OF STATE

J. Shivers DEC 03 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      RICKY SOTO

**DATE:**            12/02/2013

**REF. #:**           8974136

**CORP. NAME:**   INFINITY52, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70010540 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION**  
**OF**  
**INFINITY52, LLC**

**ARTICLE I. NAME**

The name of the limited liability company is INFINITY52, LLC (the "Limited Liability Company").

**ARTICLE II. ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 6265 Highcroft Drive, Naples, FL 34119.

**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

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

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

Having been named as registered agent and to accept service of process for the Limited Liability Company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

  
\_\_\_\_\_

Registered Agent's Signature

Michele Holden, Assistant Secretary

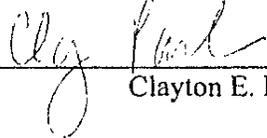
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MICHIGAN

**ARTICLE IV. MANAGING MEMBER**

The name and address of the Managing Member of the Limited Liability Company are as follows:

Michael Dent  
6265 Highcroft Drive  
Naples, Florida 34119

Signature of Member or an authorized representative of Member:

  
\_\_\_\_\_  
Clayton E. Parker

Date: December 2, 2013

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