

L14 000090281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

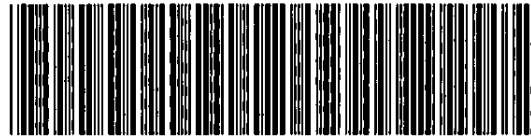
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/29/14--01005--014 \*\*160.00

FILED  
14 MAY 29 AM 9:37  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Infinite Karma LLC.  
Name of Limited Liability Company

**The enclosed Articles of Organization and fee(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

Jennifer Linares  
Name of Person

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Firm/Company

228 Oakside Street  
Address

Lehigh Acres, FL. 33936

InfiniteKarmaArt@gmail.com  
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Jennifer Linares at ( 239 ) 258-9785  
Name of Person Area Code Daytime Telephone Number

**Enclosed is a check for the following amount:**

- ☐ \$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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Infinite Karma L.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:

228 Oakside Street  
Lehigh Acres, FL 33936

Mailing Address:

228 Oakside Street  
Lehigh Acres, FL 33936

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 business entity with an active Florida registration.)

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

Jennifer Linares

Name

228 Oakside Street

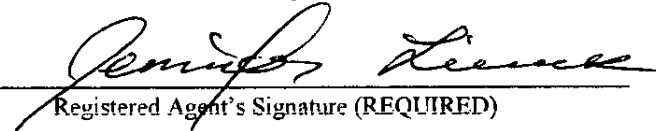
Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres FL 33936

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR & MGR:

Jennifer Linares  
228 Oakside Street  
Lehigh Acres, FL 33936

MGR & AMBR:

Juana Linares  
6933 E. Oak Forest Street  
Floral City, FL 34436

AMBR:

Trevin Shepherd  
228 Oakside Street  
Lehigh Acres, FL 33936

AMBR:

Victor Linares  
6933 E. Oak Forest Street  
Floral City, FL 34436

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jennifer Linares

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jennifer Linares  
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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STATE  
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