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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
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**FLORIDA LIMITED LIABILITY CO.
INFINITY TRUST, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1150002358563

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

INFINITY TRUST, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

INFINITY TRUST, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**14816 SW 31 TERRACE
MIAMI, FL 33185**

The mailing address shall be:

**14816 SW 31 TERRACE
MIAMI, FL 33185**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

LUIS MOSQUERA

**14816 SW 31 TERRACE
Florida street address (P.O.BOX NOT acceptable)
MIAMI, FL 33185
City, State, and Zip**

FILED
15 OCT - 1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


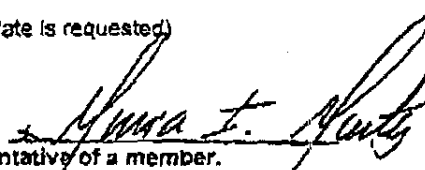
LUIS MOSQUERA
14816 SW 31 TERRACE
MIAMI, FL 33185

MANAGER

MARIA ISABEL MARTY RAVENA
12455 SW 47 ST
MIAMI, FL 33027

MANAGER

(An additional article must be added if an effective date is requested.)

 
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.)

LUIS MOSQUERA
Typed or printed name of signee

MARIA ISABEL MARTY RAVENA
Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300