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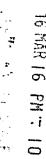
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MAR 23 2016

S. GILBERT

COVER LETTER

то:	egistration Section ivision of Corporations
SUBJE	Infinity Datacom Solutions
SUDJE	Name of Limited Liability Company
The enc	ed Articles of Organization and fee(s) are submitted for filing.
Please re	rn all correspondence concerning this matter to the following:
	Michael Kelly
	Name of Person
	Firm/Company
	12519 Polonious Pkwy
	Address
	Pensacola, Fl. 32506
	City/State and Zip Code 2457msk@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	formation concerning this matter, please call:
	Michael Kelly 850 525-9174
	Name of Person Area Code Daytime Telephone Number
Enclosed	a check for the following amount:
\$125.00	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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 Liabi	lity Company is:			- 50
				15 HAR 16 PM = 10
Infinity Datacom S	olutions LLC			
(Must end	with the words "Limited	d Liability Compa	any, "L.L.C.," or "LLC.")	Lianica, vide
A DOTTON DATE A A A A				T. ORIDA
ARTICLE II - Address: The mailing address and street				
The manning address and street	address of the principal c	Mile of the Limit	ed Elability Company is.	
<u>Princi</u>	pal Office Address:		Mailing Addre	<u>ss</u> :
140 B Lurton St		14	40 B Lurton St	
Pensacola, Fi. 3250	5		ensacola, Fl. 32505	
another business entity with an	t address of the registered	·		
	Michael Kelly	Name		
		Manie		
	12519 Polonious Pk	wy		
	Florida street addres	s (P.O. Box NO)	[acceptable)	
	Pensacola	Fl	32506	
	City	State	Zip	
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the d	e, I hereby accept the app provisions of all statutes rebligations of my position	ointment as regist elating to the prop as registered age	tered agent and agree to act in per and complete performance	this capacity. I of my duties, and I
		(CONTINUEI	D)	
		Page 1 of 2		

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
Richard Fleming, MGF	2077 Thomas Bishop Lane	
	Virginia Beach, VA 23454	
Michael Kelly, AMBR	12519 Polonious Pkwy	
	Pensacola, Fl. 32506	
Chris Edmonson, AMB	420 Weeping Willow Ct	
Chris Edinolison, 1975	Molino, Fl. 32577	
Richard Johnston, AME	110 Julia Way	
	Gulf Breeze, Fl. 32561	
(Use attachment if necessary)		
(Obe dimension is necessary)		
•	of filing:(OPTIONAL)	
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days af	fter
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specied date of filing.)	cific and cannot be more than five business days prior to or 90 days af	
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RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specie date of filing.) Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is executed I am aware that any false	eet the applicable statutory filing requirements, this date will not be liste if State's records. The property of the propert	
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RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specie date of filing.) Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of this document is executed I am aware that any false constitutes a third degree.	eet the applicable statutory filing requirements, this date will not be liste if State's records. The property of a member or an authorized representative of a member. The din accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State	

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)