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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number: I20100000009

fax Number

Phone : (305)599-0839

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emmil Address:

FLORIDA LIMITED LIABILITY CO. INFINITI INVESTMENT GROUP, LLC.

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INFINITI INVESTMENT GROUP, LLC.

a |

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT. HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS: INFINITI INVESTMENT GROUP, LLC.

16 DEC -9 AHII: 45
SECRETARY OF STATE
FALLAHASSEE, FLORID,

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN. AND BUY, HOLD, SELL, CONVEY, LEASE OR CTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY. INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES. IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

FREPARED BY: TURNER-MCGCWAN & ASSOCIATES, LLC. 1100 S STATE ROAD 7. STE 200A MARGATE, FL 33068 (954) 970-0006

ARTICLE III

THE INITIAL

ADDRESS OF THIS ORGANIZATION IS 2331 N STATE ROAD 7, STE 215 LAUDERHILL, FL 33311

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

That desiring to organize under the laws of the state of florida WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER ADDRESS: 1100 5 STATE ROAD 7, STE 200A. MARGATE, FL 33068.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE LLC TO ACCEPT SERVICE OF FROCESS DESIGNATED IN THE ABOVE CERTIFICATE. I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

ARTICLE V

THE NAMES AND

ADDRESSES OF THE MANAGER OF ORGANIATION:

MARCUS WILLIAMS-2331 N STATE ROAD 7. STE 215. LAUDERHELL, FL 33311

GERALD CUMMINGS-3831 NW 8TH STREET, LAUDERHILL, FL 33311

MANAGER'S SIGNATURES

STATE OF FLORIDA) COUNTY OF LAKE

BEFORE ME. THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE CATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED MARGUS WILLIAMS AND GERALD CUMMINGS APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITHESS MY HAND AND SEAL THIS 9 DAY OF DOOM MOON

, 2016.

NOTARY PUBLIC. STATE OF FLORIDA

MICOLE C. SEELAL MY COMMISSION PFF 920765 EXPIRES: September 22, 2019 Control Time August May be to be

(SEAL)