

7/8/2019

U9000167403

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000207389 3)))



H190002073893ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GREENE HAMRICK QUINLAN & SCHERMER, P.A.
Account Number : I19990000030
Phone : (841)747-1871
Fax Number : (841)745-2866

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

Email Address: khorvath@manateelegal.com

FLORIDA LIMITED LIABILITY CO.
Infinia Real Estate Services, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL -9 AM 8:12

FILED

40:13:11 6-11-102

(H19000207389 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Infinia Real Estate Services, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9200 NW 39th Avenue, Suite 130
Gainesville, Florida 32606**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Robert F. Greene, Esq.
601 12th Street West
Bradenton, Florida 34205

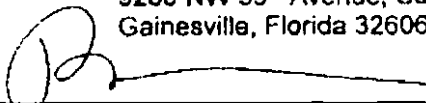
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property 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.



SIGNATURE

ARTICLE IV - Management:

The name and address of each person/entity authorized to manage and control the limited liability company:

Title:
MGR**Name and Address:**
Benjamin Wacksman
9200 NW 39th Avenue, Suite 130
Gainesville, Florida 32606

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 in section 817.155, Florida Statutes)

Robert F. Greene

Typed or printed name of signer

(H19000207389 3)

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL -9 AM 8:12

FILED