

# LI9000196051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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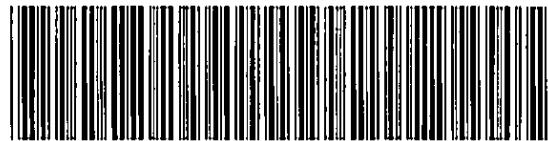
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **New Filing Section**  
**Division of Corporations**

SUBJECT: **Infinite Investments Group, 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:

Shaunette Stokes, Esq

Name of Person

**Stokes Law Group, PLLC**

Firm Company

**10150 Highland Manor Drive**

Address

**Tampa FL 33610**

City-State and Zip Code

**info@stokeslegalcounsel.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Shaunette Stokes**      813      444-4156  
Name of Person      at (      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

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

Street Address

**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 Liability Company is:

Infinite Investments Group, LLC

(Must contain the words "Limited Liability Company, "LLC," or "LLC")

## ARTICLE II - Address:

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

**Principal Office Address:**

**Mail-in Address:**

**4530 S Orange Blossom Trail  
#507  
Orlando FL 32839**

4530 S Orange Blossom Trail  
#507  
Orlando FL 32839

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent or registrant. 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:

Stokes Law Group, PLLC

110

10150 Highland Manor Drive

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

Tampa FL 33610

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TALLAHASSEE, FL.

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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, E.S.*

*Signature of my position as registered agent is provided for in Chapter 170.*  
  
Shannette Hob  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	Jason Bryant 4530 S. Orange Blossom Trail #507 Orlando, FL 32839
"MGR" - Manager	Randall Delice 4530 S. Orange Blossom Trail #507 Orlando, FL 32839
AMBR	Johnson Desir 4530 S. Orange Blossom Trail #507 Orlando, FL 32839
AMBR	Adeline Dort 4530 S. Orange Blossom Trail #507 Orlando, FL 32839
AMBR	

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Kwame Walker

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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Attachment to Articles of Organization

<u>Title</u>	<u>Name and Address</u>
5. AMBR	Lysnandie Jacques 4530 S. Orange Blossom Trail #507, Orlando, FL 32839
6. AMBR	Paul Lattibeaudaire Jr. 4530 S. Orange Blossom Trail #507, Orlando, FL 32839
7. AMBR	Joseph Massey 4530 S. Orange Blossom Trail #507, Orlando, FL 32839
8. AMBR	Krystle McCoy 4530 S. Orange Blossom Trail #507, Orlando, FL 32839
9. AMBR	Bryant Sells 4530 S. Orange Blossom Trail #507, Orlando, FL 32839
10. AMBR	Keron Thompson 4530 S. Orange Blossom Trail #507, Orlando, FL 32839
11. AMBR	Kwame Walker 4530 S. Orange Blossom Trail #507, Orlando, FL 32839