6/6/24, 11:49 AM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA LIMITED LIABILITY CO. INFINITY KR LIFE SOLUTIONS LLC

Certificate of Status	
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Page Count	04
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6/7/24

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Help

COVER LETTER

TO:	New Filing Section
	Division of Corporations

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

For further information concerning this matter, please call:

RONALD VARGAS 407 744-4524
at (________)

Nima of Person 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) E\$160.00 Filing Fee. .
Certificate of Status & ...
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MailingAddress

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

INFINITY KRILIFE SOLUTIONS LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2678 DIXIE LN	2678 DIXIE LN
KISSIMMEE, FL 34744	KISSIMMEE, FL 34744

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

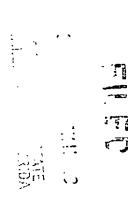
The name and the Florida street address of the registered agent are:

RON	ALD VARGAS	
	वाधि	
2678 DIXIE LN		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
KISSIMMEE	FL	34744
Ċķ∕	State	Zip

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 Fix capacity. I finither agree to comply with the provisions of all statutes relating to the proper and complete performance finy duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Capter 605, FS

Ronald Vargas				
	Registered Agent's Signature (42Q) HED			

(CONTINUED)



<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	RONALD VARGAŞ 2678 DINIE LN KISSIMMEE, FL 34744
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	of filing:
ARTICLEVI: Other provisions, if any. ANY AND	ALL LAWFUL BUSINESS
REQUIRED SIGNATURE:	
	Ronald Vargas
This document is execute I am aware that any false	nber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	RONALD VARGAS

Filing Fees:

Typed or printed name of signe

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)