Florida Department of State

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: _____

FLORIDA LIMITED LIABILITY CO.
INFINITY HEALTHY LIFE LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	$160.00

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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SERVICES

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COVER LETTER

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

SUBJECT: INFINITY HEALTHY LIFE 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:

YULEMIS M. CAICEDO
Name of Person

INFINITY HEALTHY LIFE LLC
Firm/Company

18640 BOBLINK DR
Address

HIALEAH, FL 33015
City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

YULEMIS M. CAICEDO at (786) 973-1775
Name 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)
■ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

INFINITY HEALTHY LIFE 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:**
18640 BOBLINK DR	18640 BOBLINK DR
HIALEAH, FL 33015	HIALEAH, FL 33015

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:

YULEMIS M. CAICEDO
Name

18640 BOBLINK DR
Florida street address (P.O. Box **NOT** acceptable)

HIALEAH	FL	33015
City	State	Zip

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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, F.S..

Yulemis M. Caicedo
Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	YULEMIS M. CAICEDO 18640 BOBLINK DR HIALEAH, FL 33015
MGR	RICHARD D. NUNEZ 600 NW 6TH ST APT 904 MIAMI, FL 33136
MGR	CINTHIA Y. CABREJA CONCEPCION 18640 BOBLINK DR HIALEAH, FL 33015

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(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:

Yulemis M. Caicedo
_____
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.

YULEMIS M. CAICEDO
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)