M0700005306

(Re	questor's Name)				
(Address)					
(Add	dress)	,			
(City	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



300104646723

06/29/07--01030--008 **125.00



COVER LETTER

Divisi	on of Corporations					
SUDJECT.	Infinity Financial Centers, LLC					
SUBJECT: Infinity Financial Centers, LLC (Name of Limited Liability Company)						
Florida," Cert		hiability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.				
Please return	all correspondence concerning this	matter to the following:				
	Lauri Stone					
	1)	Name of Person)				
	Central Licensing Bureau					
	(F	Firm/Company)				
	1501 N. University, #550					
		(Address)				
	Little Rock, AR 72207					
	(City/	State and Zip Code)				
For further in	formation concerning this matter, p	please call:				
Lauri	Stone	at (⁵⁰¹) 664-8044				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
MAII	LING ADDRESS:	STREET ADDRESS:				
Division of Corporations		Division of Corporations				
		Clifton Building				
Tallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
	check for the following amount: 5.00 Filing Fee \$130.00 Filing Fee Certificate					

TO: Registration Section



July 2, 2007

LAURI STONE CENTRAL LICENSING BUREAU 1501 N. UNIVERSITY, #550 LITTLE ROCK, AR 72207

SUBJECT: INFINITY FINANCIAL CENTER, LLC

Ref. Number: W07000031067

We have received your document for INFINITY FINANCIAL CENTER, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The Certificate of Designation of Registered Agent/Registered Office was not submitted. I am enclosing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 907A00042586

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Infinity Financia	d Centers, LLC			
		n Limited Liability C	ompany)	· · · · · · · · · · · · · · · · · · ·
Delaware		3. 20-436		
(Jurisdiction und company is orgai	er the law of which foreign limite nized)	ed liability	(FEI number, if appli	cable)
2/21/2006		5. Perpet		
([Date of Organization)		ation: Year limited liability co or "perpetual")	mpany will cease to
Upon Qualificat				SEC P
	(Date first transacted bu (See sections 608.501 & 6	siness in Florida, if pr 608.502 F.S. to determ	ior to registration.) nine penalty liability)	AUG 30 AM 10: 40 CHANASSEE, FLORID
3700 Colonnade	Parkway			SSE
Birmingham, Al	_ 35243			E. T.
		et Address of Princip	al Office)	SE S
If limited lieb	oility company is a manager	managad aamnan	re about hara	DE C
	and the second and the second and		J,	
Infinity Proper	ty & Casualty Corp. 3700 Colon	nade Parkway Birmin	zham, AL 35243	
stody of records	original certificate of existence in the jurisdiction under the la nguage, a translation of the	w of which it is orga	nized. (A photocopy is not	acceptable. If the certifi
Nature of bu	siness or purposes to be cor	ducted or promote	ed in Florida:	
The business of i	nsurance, functioning as an insur	ance agency.		
	× Alala	6/12/07		
	Signature of a member	..	representative of a mem	 ber.
	(In accordance with section 6	08.408(3), F.S., the exc	cution of this document constitute facts stated herein are true.)	
	Sam Simon			
	Typed	or printed name o	f signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Infinity Financial Centers, LLC	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System (Name)	OT AUG SECRL VALLA
1200 South Pine Island Road Florida Street Address (P.O. Box NOT Acceptable)	30 H
Plantation, Florida 33324 City/State/Zip	FLORR

Having been named us 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 608, Florida Statutes.

By:

(Signature)

J.L. Miles, Asst. Secy.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFINITY FINANCIAL CENTERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2007.

CAN THE PROPERTY OF THE PROPER

4112930 8300

070631947

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5757784

DATE: 06-14-07