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Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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Foreign Limited Liability Company INFINITY HIT, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

J. Stavers MAR 2 0 2014 Help

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	RCT: INFINITY HIT, LLC
	Name of Limited Liability Company
The en	closed "Application by Foreign Limited Liability Company for Arthorization to Transect Business in Florida," Certificate of ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Contact Person Area Code Daytime Telephone Number
	MAULING ADDRESS: Division of Corporations Division of Corporations
	Registration Section Registration Section
	P.O. Box 6127 Clifton Building Tallahasses, FL 32314 2661 Executive Center Circle Tallahasses, FL 32301
Enclo	sed is a check for the following amount:
	S125.00 Filing For S130.00 Filing For & S155.00 Filing For & S160.00 Filing For, Cartificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

INFINITY HIT, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	Cor CLC.")
name unavailable, cater alternate name adopted for the purpose of trunsacting business in Floride. The alternability Company, ""L.L.C." or "LLC.")	ate name must include "Limited
Delaware 3	
(Jurisdiction under the law of which foreign limited liability (FEI number, if a company is organized)	policable)
(Data first transpared business in Florida, il prior to registration.)	
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)	Ī>(,
2007 BREEZEWAY BEND LN	
LEAGUE CITY, TX 77573	
(Street Address of Principal Office)	5
PO Box 27	- Company
Spring Lake Mi 49456 (Mailing Address)	
Brian Calnan/Co-Founder & President/2007 BREEZEWAY BEND LN/LEAGUE CITY, TX 77573	
Kevin McConnell/Co-Founder & VP of Service Delivery/2007 BREEZEWAY BEND LN/LEAGU	ECH1, 12 //3/3
Attached is an original certificate of existence, no more than 90 days old, duly autaving custody of records in the jurisdiction under the law of which it is organized. Exceptable, if the certificate is in a foreign language, a translation of the certificate unust be submitted) Signature of an authorized person a accordance with section 601.0201, F.S., the current of this document constitutes on efficient under the possible of a support that any false information submitted is a document to the Department of Electronistics as third degree follows as	(A photocopy is not under outh of the translator
Brian J. Calnan	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)Xd), 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 nam	e of the Limited Liab	ility Compa	ny is:		
INFINITY HI	п, шс				
If unavailab	le, the alternate to be	used in the	state of Florida is:		
2. The nam	e and the Florida stre	et address o	f the registered agent and office are:		
	CT Corporation Sy	ystem			
			(Name))
	1200 South Pine is				ຸ: ກຸ
	Flori	ida Street Addı	ress (P.O. Box NOT ACCEPTABLE)	ABA ABA	သ ၁
	Plantation		FL 33324		
			City/State/Zip		
liability con registered a statutes rela	npany at the place des igent and agree to act nting to the proper and	rignated in the in this capac d complete p tion as regist	o accept service of process for the above als certificate, I hereby accept the appoint of the I further agree to comply with the erformance of my duties, and I am familiered agent as provided for in Chapter Sierra Buffls Vice President (agent)	iniment as provisions of a liar with and 605, Florida	ali
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5,00			

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFINITY HIT, 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 EIGHTEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5191624 8300

140347131

You may verify this certificate online at cosp.dolaware.gov/authwor.shiml AUTHENTY CATION: 1217063

DATE: 03-18-14