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COVER LETTER

TO:

Registration Section
Division of Corporations

INFINITY PROPERTY SOLUTIONS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

JON AVERY					
Name of Person					
INFINITY PROPERTY SOLUTIONS, LLC					
Firm/Company					
11005 77TH STREET EAST					
Address					
PARRISH, FLORIDA 34219					
City/State and Zip Code					
JON@8PSLLC.COM					
E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

JON AVERY

. 941

877-1700

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

□ \$160.00 Filing Fee, Certificate 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 LIARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INFINITY PROPERTY SOLUTIONS, LI	
(Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of Liability Company," "L.L.C," or "LL.C.")	f transacting business in Florida. The alternate name must include "Limited
2. NEVADA	_{3.} 47-1808691
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business (See sections 605.0904 & 605.090	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)
_{5.} 11005 77TH STREET EAST	
PARRISH, FLORIDA 34219	
	ess of Principal Office)
_{6.} 11005 77TH STREET EAST	
PARRISH, FLORIDA 34219	<u> </u>
(Ma	iling Address)
7. The name, title or capacity and address of the pe	erson(s) who has/have authority to manage is/are:
JON AVERY, MANAGER	SSIT
SETH HOLL, MANAGER	
11005 77TH STREET EAST, PAF	RRISH, FLORIDA 34219
having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, must be submitted) Signature of the accordance with section 605.0203, F.S., the execution of this document contains the section of this document contains the section of this document contains the section of	o more than 90 days old, duly authenticated by the official he law of which it is organized. (A photocopy is not, a translation of the certificate under oath of the translator an authorized person onstitutes an affirmation under the penaltics of perjury that the facts stated herein are true ent of State constitutes a third degree felony as provided for in s.817.155, F.S.)
JON AVERY	
Typed or print	ed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	e, the alternate to be used in	SOLUTIONS, LLC the state of Florida is:			_
2. The name	and the Florida street addre	ess of the registered agent and office are:			
	JON AVERY				
	· · · · · · · · · · · · · · · · · · ·	(Name)			
	11005 77TH S	STREET EAST			
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	— —		
	PARRISH	State/Zip	SECRET	14 SEP	
			ARY SSE	30	Çine 3
liability comp registered age statutes relati	any at the place designated ent and agree to act in this c ing to the proper and comple	nd to accept service of process for the above in this certificate, I hereby accept the appoin apacity. I further agree to comply with the pete performance of my duties, and I am family egistered agent as provided for in Chapter 6	itment a orovisio ia⊟vith	ıs .:! n si gf a and	, s , r ,

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



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate evidence, INFINITY PROPERTY SOLUTIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 25, 2014, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20140915-2812
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State Strmy office on September 15, 2014.

ROSS MILLER Secretary of State