### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000247570 3)))



H180002475703ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:

## Foreign Limited Liability Company INFINITY SPORTS INSTITUTE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECET ED 2018 AUG 23 PM 2:5

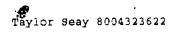
9

Electronic Filing Menu

Corporate Filing Menu

N CULLINAP

AUG 2 4 2018





#### **FAX TRANSMITTAL**

To:

Date: 08/23/2018 01:03:49 PM

Central Time

Company: FL SOS

Attn:

Fax No: 850-617-6383

Number of pages transmitted

From:

including cover page: 5

Name:

Taylor Seay

Email:

tseay@capitolservices.com

Fax No:

800-432-3622

Voice No: 855-498-5500

Subject:

#### COVER LETTER

TO:		ration Section д of Corporation	\$				
SUBJE		NFINITY SPORT	S INSTITUTE, LLC				
	_		Name of l	Limited Liability Comp	any		
The enc Existen	losed "A ce, and c	Application by For theck are submitted	eign Limited Liability Comp I to register the above refere	uny for Authorization acced foreign limited li	to Trans ability o	sact Business in Florida," Certificate company to transact business in Florid	of ia.
Please r	etum all	correspondence o	oncerning this matter to the	following:			
		David F. O'Mea	ıra, Paralogal				
		-	. Ne	ame of Person	_		
		Robinson & Co	le LLP				
Firm/Company							
		280 Trumbull Street					
				Address		<del>-</del>	
		Hurtford, CT 0	5103				
			City/S	tate and Zip Code	•		
		HM@infinitysi					
			E-mail address: (to be use	d for future annual rep	ort notif	fication)	
For fur	ther info	rmation concerning	g this matter, please call:				
	David	l F. O'Meara		860 5	541-272	2	
		Name	of Contact Person	Arca Code	Dayd	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section					
		Clifton Building 2661 Executive Center Circle					
	Tallah	iassoc, FL 32314				ee, FL 32301	
Enclos		heck for the follow 25.00 Filing Fee	ring amount:  \$\Boxed{1} \Sigma 130.00 Filing Fee & Certificate of Status	S155.00 Filing F	ce &	S160.00 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. INFINITY SPORTS INSTITUTE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.") (If name inavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 83-1639602 DELAWARE (FEI cumber, a applicable) (furnisherion under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 6. 161 NE 24TH ST 161 NE 24TH ST (Street Address of Principal Office) MIAMI, FL 33137 MIAMI, FL 33137 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) HECTOR MARADIAGA Name: 161 NE 24TH ST Office Address: \_ , Florida <u>33137</u> MIAMI Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered accord) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: MANAGER HECTOR MARADIAGA 161 NE 24TH ST MANAGER ERIC MARTINEZ (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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 of stitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

HECTOR MARADIAGA

# <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INFINITY SPORTS INSTITUTE, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINITY SPORTS INSTITUTE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2018.

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

7017649 8300 SR# 20186323199

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSQC,

Authentication: 203300608

Date: 08-23-18