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(Re	equestor's Name)	<u> </u>
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PICK-UP		MAIL
(Bu	isiness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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DEC - 2 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations

INFINITE SUCCESS 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:

GRAEME TUROFSKY		
	lame of Person	
SYNERGY GROUP SOLUTIONS, LLC		
F	irm/Company	
7208 WEST SAND LAKE ROAD, SUITE	305	
	Address	
ORLANDO, FL 32819		
City/S	State and Zip Code	
GRAEME@ GROUPSYNERGYLLC.COM		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please call:		
GRAEME TUROFSKY	407 625-7070 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

2022 NOV -4 NN 8: 55

Enclosed is a check for the following amount:

Please make check paval	ble to: FLORIDA DEPARTM	ENT OF STATE	
S125.00 Filing Fee	S130.00 Filing Fee & [□ \$160.00 Filing Fee, Certificate
-	Certificate of Status	Certified Copy	of Status & Certified Copy

Tallahassee, FL 32303

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:

INFINITE SUCCESS LLC

'name unavailable, enter alternate					
	name adopted for the purpose of transacting business in Flo	rida. The alternate name must inc	hude "Limited Liability Cor	npany," "LLC," o	r "LLC."
PUERTO RICO	which foreign limited liability company is organized)	66-0918570 3	(FEI number, if appli		
(Junisdiction under the law of w	which foreign tituled hability company is organized)		(FEI number, if appli	Cable)	
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) c penalty liability)			
CALLE FORTALEZA	A # 156 LOCALES #3 Y #4	6(Mailing Address	LEZA # 156 LOC.	ALES #3 Y #4	4
SAN JUAN, PR 00979)	SAN JUAN, PR			_
				+ - + -	2022
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)			NOA - 1
Name:	SYNERGY GROUP SOLUTIONS, LL	c			AM 8:
Office Address:	7208 SAND LAKE ROAD, SUITE 305			• 27 2777	55
	ORLANDO (City)	, Florida	32819 (Zip code)		

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.

9.1 Legisland agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

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Title or Capacity:	Name and Address:	<u>Title or Capacit</u>	<u>v:</u>	<u>Name an</u>	d Address:	
□Manager	Name: MELANIE GONZALEZ TORRE S	□Manager	Name:			_
Member	Address:	□Member	Address:			
Authorized	#156 LOCALES #3 Y #4	Authorized				
Person	SAN JUAN, PR 00979	Person				_
PRESIDEN	IT SECRETARY	□Other		□Other_		
Manager	Name:	■ Manager	Name:			
□Member	Address:	Member	Address:			_
□Authorized		Authorized			·····	-
Person	<u></u>	Person				_
Other	Other	Other		□Other_	- AON	
□Manager	Name:	□Manager	Name:			
□Member	Address:	Member	Address:		<u>an a</u>	_
□Authorized		Authorized				_
Person		Person				
□Other	[]Other	Other		□Other_		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 constitutes a third degree felony as provided for in s.817.155, F.S.

Malania Gonzalaz Torrea Signifur of any authorized person

MELANIE GONZALEZ TORRES

Typed or printed name of signee



Government of Puerto Rico Department of State

Transaction Date: 11-Mar-2019 Register No: 424119 Order No: 1546338

Government of Puerto Rico

Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: INFINITE SUCCESS LLC Desired term for the entity name is: LLC

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address	Calle Fortaleza #156 Locales #3 y #4, SAN JUAN, PR, 00901
Mailing Address	6165 Ave. Isla Verde, CAROLINA, PR, 00979
Phone	(787) 607-4641

The name, street and mailing address of the Resident Agent in charge of said office is:

Name	Gonzalez Torres, Melanie
Street Address	Calle Fortaleza #156 Locales #3 y #4, SAN JUAN, PR, 00901
Mailing Address	6165 Ave. Isla Verde, CAROLINA, PR, 00979
Email	naomi@portosolutions.com
Phone	(787) 607-4641

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

Tienda de venta de cosmeticos, spa y cualquier negocio licito dentro de la jurisdiccion del Estado Libre Asociado de PR.

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name	Gonzalez Torres, Melanie
Street Address	Calle Fortaleza #156 Locales #3 y #4, SAN JUAN, PR, 00901
Mailing Address	6165 Ave. isla Verde, CAROLINA, PR, 00979
Email	naomi@portosolutions.com

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

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Domestic Limited Liability Company



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Name	Gonzalez Torres, Melanie
Title	President, Secretary
Street Address	Calle Fortaleza #156 Locales #3 y #4, SAN JUAN, PR, 00901
Mailing Address	6165 Ave Isla Verde, CAROLINA, PR, 00979
Email	naomi@portosolutions.com
Expiration Date	Indefinite

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual** The date from which the entity will be effective is: **11-Mar-2019**

Supporting Documents

Document

Date Issued

STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I/We Gonzalez Torres, Melanie, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true. This 11th day of March, 2019.





CERTIFICATE OF GOOD STANDING

I, Omar J. Marrero Díaz, Secretary of State of the Government of Puerto Rico.

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, INFINITE SUCCESS LLC, register number 424119, a for profit domestic Limited Liability Company organized under the laws of Puerto Rico on March 11, 2019, has complied with the payment of its Annual Fees.



To validate this certificate go to:

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, September 21, 2022.

Omar J. Marrero Díaz Secretary of State

https://estado.pr.gov/

This certificate is valid for one (1) year from issue date (Regulation 8688. Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

> INFINITE SUCCESS LLC TOMER BRENNER SOLE MBR 6165 AVE ISLA VERDE

CAROLINA, PR 00979

• • • •

Date of this notice: 03-11-2019

Employer Identification Number: 66-0918570

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 66-0918570. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is INFI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.