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

INFINITE ESTATE, I. (Name of Foreign in the first in the	Limited Liability Company, must include "Lim ESTATE WINSULTIN	inted Liability Company," "I. E.C.," or "LLC.") L L (n Minda The alternate name must include "Liability Company," "L.I. C." or	-
Georgia	buch loreign lunited liability corepany is organized	58-2655808 3. (Pfil templer, if applicable)	4.1C ~1 -
	(Date first translated business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to let.	r to fegituration	
4579 Flat Shoals Parky reet Address of Principal Office) Decutur, GA 30034		6. P.O. BOX 816 (Mailing Address)	_
Decade, CIA 300.04		PINE LAKE, GA, 30072	_
. Name and street address	ss of Florida registered agent: (P.O. E	ion NOT acceptable)	_
Name:	Registered Agents Inc		
Office Address:	7901 4th St N STE 300,		202:
	Petersburg, FL	33702 Florida 32702	۱ ۱
legistered agent's acceptoning been numed as re-	gistered agent and to accept service	(7a) wek) (b) process for the above stated limited liability configury at a current registered agent and agree to act in this capacity. It full	124 lace
o comply with the provis	ions of all statutes relative to the pro is of my position as registered agent.	per and complete performance of my dutles, and any jumin	igivith C
	David Schoots (Regusered ap	nt eignaure)	2
		1	

COVER LETTER

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	Registration Section Division of Corporations	
SUBJEC	INFINITE ESTATE, LLC	
		ame of Limited Liability Company
The encl Existence	osed "Application by Foreign Limited Liabilit e, and check are submitted to register the abov	ty Company for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matte	er to the following:
	Omar Coote	
		Name of Person
	INFINITE ESTATE, LLC	
		Firm/Company
	P.O. BOX 816	
		Address
	PINE LAKE, GA, 30072	
		City/State and Zip Code
	omarga22@gmail.com	
	E-mail address: (to	be used for future annual report notification)
For furth	ner information concerning this matter, please	call:
Omar Coote		678 858-3382 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 \text{ Filing Certificate}	EPARTMENT OF STATE

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: □Manager ■ Manager Member □Member Address: ☐ Authorized ☐ Authorized Person Person Other □Other____ Other____ □Other_____ □Manager Name: _____ Name: _____ □ Manager ☐ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person Other Other Other Other____ □ Manager □Manager Name: _____ □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ Other____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Repartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Control Number: 0144654

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

INFINITE ESTATE, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27254366 Date Inc/Auth/Filed: 09/21/2001 Jurisdiction : Georgia Print Date : 04/20/2024

Form Number : 211



Brad Rafforsperger

Brad Raffensperger