

7/2/24 10:55 AM

Division of Corporations

M2400008519

**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.

((H24000226840 3)))



H240002268403ABC

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

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

RECEIVED

2024 JUL -2 PM 3:53

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company**  
**INFINITY VENTURES MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2024 JUL -2 PM 3:55

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H24000226840 3)))

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 Ventures Management, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

87 Armand Road

5. (Street Address of Principal Office)

87 Armand Road

6. (Mailing Address)

Ridgefield, CT, 06877

Ridgefield, CT, 06877

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name. Cyrus Hodes

Office Address. 17156 Bermuda Village Drive

Boca Raton, Florida 33487  
(City) (Zip code)

2024 JUL -2 PM 3:55

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.

Cyrus Hodes  
(Registered agent's signature)

((H24000226840 3)))

((H24000226840 3)))

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name. <u>Seth Dobrin</u>	<input checked="" type="checkbox"/> Manager	Name. <u>Cytus Hodes</u>
<input checked="" type="checkbox"/> Member	Address. <u>87 Armand Road</u>	<input checked="" type="checkbox"/> Member	Address. <u>17156 Bermuda Village Drive</u>
<input type="checkbox"/> Authorized	<u>Ridgefield, CT, 06877</u>	<input type="checkbox"/> Authorized	<u>Boca Raton, FL, 33487</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name. <u>Jiazi Guo</u>	<input checked="" type="checkbox"/> Manager	Name. <u>Atticus Francken</u>
<input checked="" type="checkbox"/> Member	Address. <u>450 Folsom Street</u>	<input checked="" type="checkbox"/> Member	Address. <u>1002 South Fell Avenue</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA, 94105</u>	<input type="checkbox"/> Authorized	<u>Normal, IL, 61761</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name. _____	<input type="checkbox"/> Manager	Name. _____
<input type="checkbox"/> Member	Address. _____	<input type="checkbox"/> Member	Address. _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Seth Dobrin

Signature of an authorized person

Seth Dobrin

Typed or printed name of signer

((H24000226840 3)))

((H24000226840 3)))

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INFINITY VENTURES MANAGEMENT, 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-FIRST DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INFINITY VENTURES MANAGEMENT, LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2024.

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



3805625 8300

SR# 20242952330

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203770296

Date: 06-21-24

((H24000226840 3)))