

N1800001019S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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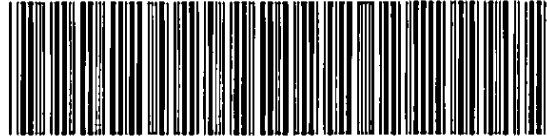
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 SEP 21 AM 11:05

SEP 21 2019

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 390345 8248307

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : September 17, 2018

ORDER TIME : 9:15 AM

ORDER NO. : 390345-001

CUSTOMER NO: 8248307

DOMESTIC FILING

NAME: INFINITE FOUNDATION INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: INFINITE FOUNDATION INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ANDREI GRAUNTE
Name (Printed or typed)

1241 NW 143 AVENUE
Address

PEMBROKE PINES, FL 33028
City, State & Zip

305-338-9439
Daytime Telephone number

andrei gra @ gmail. com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: INFINITE FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1241 NW 143 Avenue

Pembroke Pines, FL 33028

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Private non-operating foundation funded by business. It grants money to other charitable organizations and causes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided for in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrei Graunte, President

Address 1241 NW 143 Avenue

Pembroke Pines, FL 33028

Name and Title: Andrei Graunte, Treasurer

Address: 1241 NW 143 Avenue

Pembroke Pines, FL 33028

Name and Title: Ramona Graunte, Secretary

Address 1241 NW 143 Avenue

Pembroke Pines, FL 33028

Name and Title: Andrei Graunte, Director

Address: 1241 NW 143 Avenue

Pembroke Pines, FL 33028

Name and Title: Ramona Graunte, Director

Address 1241 NW 143 Avenue

Pembroke Pines, FL 33028

Name and Title: _____

Address: _____

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STATE OF FLORIDA
TALLAHASSEE

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrei Graunte
Address: 1241 NW 143 Avenue
Pembroke Pines, FL 33028

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: Roxanne Turner Roxanne Turner
Corporation Service Company Asst. Vice President
Required Signature of Registered Agent Date 9/21/18

I submit this document and affirm that the facts stated herein are true. 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.

Cu Required Signature of Incorporator Date 09.20.2018

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18 SEP 21 AM 8:56
DEPARTMENT OF STATE
TALLAHASSEE, FL 32301