

TRANSMITTAL LETTER

PO10000042239

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

800004077559--6  
-04/25/01--01072--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: INFINITY FINANCIAL Mortgage Co.  
(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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Tobia Jinks  
Name (Printed or typed)

8152 N.W. 14 Place  
Address

Miami, FL 33147  
City, State & Zip

305-836-6569  
Daytime Telephone number

FILED  
01 APR 25 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

No Copy

G. BULLOCK APR 26 2001

(2)

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Infinity Financial Mortgage Co.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*6010 N.W. 183<sup>rd</sup> Street, St. L-C  
Miami, FL 33169*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

*Tobia Jinks  
8152 N.W. 14 Place  
Miami, FL 33147*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Tobia Jinks  
8152 N.W. 14 Place, Miami, FL 33147*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Tobia Jinks  
8152 N.W. 14 Place, Miami, FL 33147*

\*\*\*\*\*  
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

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*4/24/01*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*4/24/01*  
\_\_\_\_\_  
Date

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