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J. Shivers SEP 1.5 700 1447

TRANSMITTAL LETTER

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

SUBJECT:	INFINITE RETURNS, INC.		
Enclosed is a	n original and one (1) copy of the	Certificate of Domestication a	and a check for:
FEES:			
Articl	ficate of Domestication les of Incorporation and Certifie to domesticate and file	\$50.00 ed Copy \$78.75 \$128.75	
<u>OPTIONAL</u>	<u>:</u>		4.7j
Certif	ficate of Status	\$ 8.75	2000 SEP 15
FROM			5 Mill: 37
	Name (p	orinted or typed)	1: W.
	P.O. Box 2	2253	
		Address	
	Minneola, F	FL 34755	
	City	, State & Zip	- ,
	256-652-28	310	
	Daytime T	Selephone Number	

CERTIFICATE OF DOMESTICATION

The undersigned,	Juan P Acosta ,	President
	(Name)	(Title)
of Infinite Re	turns, Inc.	a foreign corporation,
in accordance with	(Corporation Name) a s. 607.1801, Florida Statutes, does hereby certif	
1. The date on w	hich corporation was first formed was	March 1 , 2007 .
•	n where the above named corporation was first forms was State of Nevada	ormed, incorporated, or otherwise
	ne corporation immediately prior to the filing of the Returns, Inc.	, .
	ne corporation, as set forth in its articles of incorp d 607.0401 with this certificate is Infinite Ret	oration, to be filed pursuant to
administration	on that constituted the seat, siege social, or princip of the corporation, or any other equivalent jurisd efore the filing of the Certificate of Domestication	iction under applicable law,
6. Attached are F to s. 607.1801.	lorida articles of incorporation to complete the do	omestication requirements pursuant
I am President	of Infinite Returns, Inc.	
and am authorized	to sign this Certificate of Domestication on beha	If of the corporation and have done
so this the <u>1</u> 년년	lay of August	, 2008
	1/7/	HV7 SVI
	(Authorized Signature)	57 15 (SS ₂₂
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Copy Total to domesticate and file	\$50.00 \$78.75 \$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

INFINITE RETURNS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

P. O. Box 2253 > Minneola, FL 34755

1290 North Ridge Blvd #1725 Clermont, FL 34711

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To conduct any and all lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000 Shares, Per Share Par Value of .50

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

ž';

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title: President Juan P Acosta P. O. Box 2253 Minneola, FL 34755

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Juan P Acosta 1290 N Ridge Blvd. #1725 Clermont, FL 34711

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Juan P Acosta P. O. Box 2253 Minneola, FL 34755

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

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)			,		29

Signature/Incorporator

S8/19/

Date

8/14/08

Date