

Florida Department of State
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To:
Division of Corporations
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From:
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FLORIDA PROFIT/NON PROFIT CORPORATION

INFINITE COLLECTION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

BLANCA MARCELA ORTIZ ZAMBRANO
3861 ESTEPONA AVENUE
DORAL, FL. 33178

The principal office shall be:

**3861 ESTEPONA AVENUE
DORAL, FL. 33178**

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ARTICLE VI

The Initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an Initial director is:

BLANCA MARCELA ORTIZ ZAMBRANO
3861 ESTEPONA AVENUE
DORAL, FL. 33178

PRESIDENT

The name and address of the Incorporator executing these Articles of Incorporation is

BLANCA MARCELA ORTIZ ZAMBRANO
3861 ESTEPONA AVENUE
DORAL, FL. 33178

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this JANUARY 6, 2009.



BLANCA MARCELA ORTIZ ZAMBRANO

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

INFINITE COLLECTION, INC.

2. The Name and Address of the registered agent and office is wireless

BLANCA MARCELA ORTIZ ZAMBRANO
3881 ESTEPONA AVENUE
DORAL, FL. 33178

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 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: JANUARY 6, 2009.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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