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SECRETARY OF STATE

03/14/11

COVER LETTER

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

SUBJECT: Infinity Plus Incorporate	ed	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Jacqueline Nelson	e (Printed or typed)	
1523 SW Hunnicut Aven	NUC Address	
Port Saint Lucie, Florida City,	1 34953 State & Zip	
954-638-9390 Daytime T	elephone number	
jackienelson1523@come E-mail address: (to be use	cast.net d for future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE V SHARES The number of shares of stock is:1000 - \$1 Par value ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title-Jacqueline Nelson - President Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Sarmantha Brown, Secretary Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Address: Address: Address: Name and Title: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VI INCORPORATOR The name and address registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity Acquired Signature Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	The name of the corp	NAME Infinity Plus, Incorporation shall be:	réd (
The purpose for which the corporation is organized is: Virtual business customer service ARTICLE IV SHARES The number of shares of stock is:1000 - \$1 Par value ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Jacqueline Nelson - President Address: 1523.SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Samantha Brown, Secretary Address: 1523.SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Jacqueline Nelson Address: 1523.SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Jacqueline Nelson Address: 1523.SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jacquelline Nelson Address: 1523.SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jacquelline Nelson Address: 1523.SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VII INCORPORATOR The name and registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity ACQUALING ADDRESS ADDRESS AND ADDRESS	15	Principal street address 23 SW Hunnicut Avenue		Mailing address, if different is:
The number of shares of stock is:1000 - \$1 Par value ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Jacqueline Nelson - President Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Samantha Brown, Secretary Name and Title: Bert Nelson III, Vice President Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Samantha Brown, Secretary Address: Address: Horida 34953 Name and Title: Name and Title: Address: Address	The purpose for whi	ch the corporation is organized is:		Name and the same
Name and Title: Jacqueline Nelson - President Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Samantha Brown, Secretary Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Samantha Brown, Secretary Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Name and Title: Name and Title: Address: Name and Title: Name and Title: Address: Address: Address: Address: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity	The number of shares	of stock is:1000 - \$1 Par value	ne.	FLORITE FLORI
Address: Port Saint Lucie, Florida 34953	Name and Title	Jacqueline Nelson - President 1523 SW Hunnicut Avenue	Name and T Address:	1523 SW Hunnicut Avenue
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I armfamiliar with and accept the appointment as registered agent and agree to act in this capacity Acquired Signature/Registered Agent Date				itle:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Jacqueline Nelson Address: 1523 SW Hunnicut Avenue Port Saint Lucie, Florida 34953 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 Acquired Signature/Registered Agent 3/04/3011 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	The <u>name and Florid</u> Name:	la street address (P.O. Box NOT acceptable) of Jacqueline Nelson 1523 SW Hunnicut Avenue	of the registered —	agent is:
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 ACGUITO WIND 3/04/2011 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	The <u>name and address</u> Name:	VCORPORATOR ss of the Incorporator is: Jacqueline Nelson 1523 SW Hunnicut Avenue	_ _ 	
I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	this certificate, I am f	as registered agent to accept service of procedumiliar with and accept the appointment as re	gistered agent a	nd agree to act in this capacity
Peguired Signature II agence and a	I submit this docume document to the Depa	ent and affirm that the facts stated herein are	e true. I am aw	are that the false information submitted in a or in s.817.155, F.S.