

P15000026786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200270659682

03/18/15--01010--001 \*\*87.50

APPROVED  
AND  
FILED

15 MAR 18 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*INFINITY PETS CORP*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: \_\_\_\_\_

*GINA DIAZ*

Name (Printed or typed)

*4506 S DEL PRADO BLVD*

Address

*FL.*

*CAPE CORAL, 33904*

City, State & Zip

*786-208-0649*

Daytime Telephone number

\_\_\_\_\_  
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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: INFINITY PETS CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4506 S DEL PRADO Blvd  
CAPE CORAL, FL. 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GINA DIAZ - PD Name and Title:

Address: 4506 S DEL PRADO Blvd. Address:

CAPE CORAL, FL. 33904

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 18 PM 3:41

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED (cont.)  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 MAR 18 PM 3:41  
Address \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: GITA DIAZ  
Address: 4506 S DEL PRADO Blvd.  
CAPE CORAL, FL. 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GITA DIAZ  
Address: 4506 S DEL PRADO Blvd  
CAPE CORAL, FL. 33904

*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*

X *Gita Diaz* 03/13/15  
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.*

X *Gita Diaz* 03/13/15  
Required Signature/Incorporator Date