

10/18/2016 9:35AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Infinity Loss Consultants, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Infinity Loan Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 8227 Mandarin Boulevard
Mailing address, if different is: _____
Loxahatchee, Florida 33470

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Insurance Restoration Specialists

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Diane Karm, Director</u>	Name and Title:	_____
Address	<u>8227 Mandarin Boulevard</u>	Address:	_____
	<u>Loxahatchee, Florida 33470</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: David J. Schottenfeld, P.A.
Address: 7520 NW 5 Street - Suite 203
Plantation, Florida 33317

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Diane Kann
Address: 8227 Mandarin Boulevard
Loxahatchee, Florida 33470

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

David J. Schottenfeld
Required Signature/Registered Agent

10-11-16
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.

Diane Kann
Required Signature/Incorporator

10-10-2016
Date

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