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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

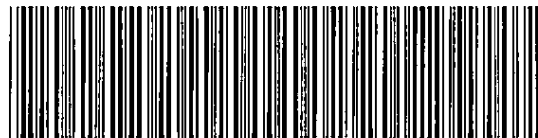
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 10 2019

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/10/19

NAME: INFINITE CONNECT INC

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: INFINITE CONNECT INC.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Karen T. Rodriguez

Name (Printed or typed)

1720 Windward Concourse, S. 390

Address

Alpharetta, GA 30005

City, State & Zip

770-777-2091

Daytime Telephone number

rselman@onsm.com

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: INFINITE CONNECT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

350 East Las Olas Blvd., Suite 1750

350 East Las Olas Blvd., Suite 1750

Ft. Lauderdale, FL 33301

Ft. Lauderdale, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all corporate purposes for corporations as allowed by State of Florida statutes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Randy S. Selman, CEO

Name and Title: Alan Saperstein, Vice President

Address: 1350 East Las Olas Blvd., Suite 1750

Address: 1350 East Las Olas Blvd., Suite 1750

Ft. Lauderdale, FL 33301

Ft. Lauderdale, FL 33301

Name and Title: Cliff Friedland, Vice President

Name and Title: _____

Address: 1350 East Las Olas Blvd., Suite 1750

Address: _____

Ft. Lauderdale, FL 33301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen T. Rodriguez
Address: 1720 Windward Concourse, S. 390
Alpharetta, GA 30005

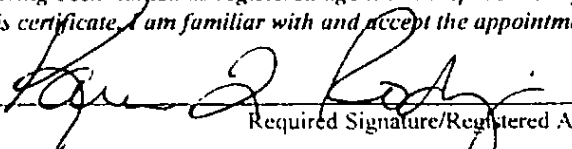
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

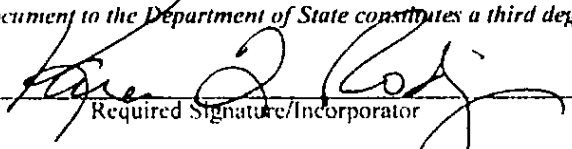
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature/Registered Agent

10/10/2019
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.


Required Signature/Incorporator

10/10/2019
Date