

P200000073978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

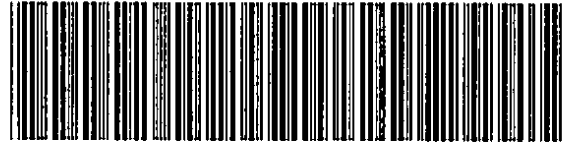
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000347276100

07/07/20 -01021 -001 \$470.00

2020 JUL -7 PM 3:55
STATE
CLERK

COVER LETTER

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

SUBJECT: Infinity Financial 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 ☐ \$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: Nesly Castor
Name (Printed or typed)
5580 8th ST W Unit 10
Address
Lehigh Acres FL, 33971
City, State & Zip
239-989-8057
Daytime Telephone number
nesly@intinuitygic.com
E-mail address: (to be used for future annual report notification)

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

2020 JUL -7 PM 3:55
STATE
SECRET, FL

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 Financial Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5580 8th St W Unit 10
Lehigh Acres FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgage Brokerage

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nesly Castor Name and Title: _____

Address 5580 8th ST W Unit 10 Address: _____

Lehigh Acres FL, 33971 _____

President _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020 JUL -7 PM 3:56
CLERK
TELETYPE

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: Nesly Castor
Address: 5580 8th ST W Unit 10
Lehigh Acres FL, 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nesly Castor
Address: 5580 8th ST W Unit 10
Lehigh Acres FL, 33971

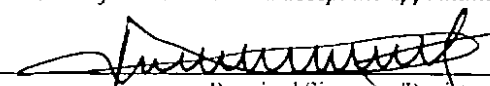
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/02/2020 (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

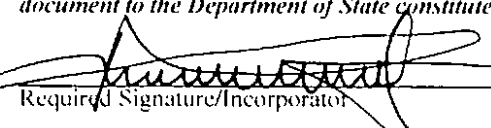


Required Signature/Registered Agent

7/02/2020

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

Date 7/02/2020

Date

FILE
CLERK
DATE

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