

P21000066756

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000278985 3)))



H210002789853ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 21 AM 10:55

FILED

****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 LIGHT, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 JUL 21 PM 3:57

7/27/21

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

INFINITY LIGHT, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

13727 SW 152 ST # 508
Miami FL 33177

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Marcela Vigilante (P)
13727 SW 152 ST # 508
Miami FL 33177.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARCELA VIGILANTE
13727 SW 152 ST # 508
Miami FL 33177

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

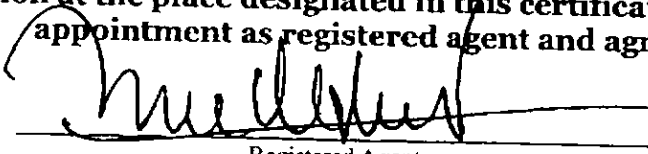
Marcela Vigilante
13727 SW 152 ST # 508
Miami FL 33177

2021 JUL 21 PM 10:55
ALLAHAS FLORIDA

FILED

Required Signatures:

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

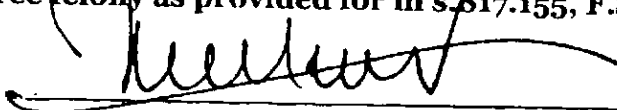


Registered Agent

7/21/21

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.



Incorporator

7/21/21

Date

FILED
2021 JUL 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL