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Division of Corporations

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 : WILSON TAX & ACCOUNTING INC.  
Account Number : I20150000107  
Phone : (941)625-1925  
Fax Number : (941)625-1526

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

Email Address: Infiniteadvantageinc@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION****Infinite Advantage Inc**

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CORPORATIONS  
COMMERCIAL  
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Help

**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 ADVANTAGE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6026 ABIGAIL AVE6026 ABIGAIL AVENORTH PORT, FL 34287NORTH PORT, FL 34287**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DILLON DELLAROCO

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

Address PRESIDENT

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

6026 ABIGAIL AVENORTH PORT, FL 34287

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: DILLON DELLAROCCOAddress: 6026 ABIGAIL AVENORTH PORT, FL 34287**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: DILLON DELLAROCCOAddress: 6026 ABIGAIL AVENORTH PORT, FL 34287**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

MAY 27, 2022

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

MAY 27, 2022

Date

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