

**P22000005945**

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## FLORIDA PROFIT/NON PROFIT CORPORATION

### Infinity Effects International Inc

Certificate of Status	0
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Page Count	01
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T. SCOTT  
AUG 24 2022

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**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 Effects International Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address  
534 Broadhollow Road, - Suite 302  
Melville, NY 11747Mailing address, if different is:  
534 Broadhollow Road, - Suite 302  
Melville, NY 11747**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Wholesale Distribution**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Martin McCovern - Director</u>	Name and Title:	_____
Address	<u>24 Darling St,</u>	Address:	_____
	<u>Enniskillen, N. Ireland</u>		_____
	<u>Postal Code: BT74 7DR</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
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Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Registered Agent Solutions, Inc.Address: 155 Office Plaza Dr. - Suite ATallahassee, FL 32301**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Ana MaisonaveAddress: 100 Wall St, Ste 503New York, NY 10005**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*  
Asst Secretary, Jose Mojica\_\_\_\_\_  
Required Signature/Registered Agent08/23/2022\_\_\_\_\_  
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.*Ana Maisonave  
Required Signature/Incorporator08/23/2022  
Date