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Florida Department of State
Division of Corporations
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To:

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

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****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 Innovative Coatings Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RS

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 Innovative Coatings Corp

ARTICLE II PRINCIPAL OFFICE
Principal street address: 534 Broadhollow Road, - Suite 302
Mailing address, if different is: 534 Broadhollow Road, - Suite 302
Melville, NY 11747 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:	

Name and Title:		Name and Title:	
Address		Address:	

6899 2100 473 000 2602
LS-1 10 11 15 57

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe 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

2022 AUG 24 PM 1:05