P24000060152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 23 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Infinity Restoration Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Business Analyst Group LLC
Name (Printed or typed)

1309 Coffeen Ave STE 1200
Address

Sheridan, Wyoming 82801
City, State & Zip

Daytime Telephone number

Contact@infinityrestoration.pro
E-mail address: (to be used for future annual report notification)

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 Restoration Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6441 S. ~~2469~~ Chicksaw Trail #347
Orlando, FL 32829

Mailing address, if different is: Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Restoration / Any and All ~~Purpose~~ Lawful business.

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TALLAHASSEE, FLORIDA

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS 0

Name and Title: Business Analyst
Address: 1309 Coffeen Ave STE 1200 Sheridan, Wyoming 82801

Name and Title: Group LLC
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: Maitland Wilson

Address: 6441 S. ~~#347~~ Chicksaw Trail #347
Orlando, FL 32829

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Business Analyst Group LLC

Address: 1309 Coffeen Ave STE 1200
~~Orlando~~ Sheridan, Wyoming 82809

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U.S. TATE FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9-23-24 (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

Maitland Wilson — Required Signature/Registered Agent

9-23-24 — 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.

Maitland Wilson — Required Signature/Incorporator

Date 9-23-24