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DATE:

08/01/2023

NAME: INFINITY LENDING SERVICES, INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: Infinity	Lending Services, Inc.			
		Name of c	orporation	- must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Exister	ation by Foreign Corpo ace," or "Certificate of e ign corporation to trans	Good Stand	ding" and check are sub	et Business in Florida." omitted to register the
Please	return all corre	spondence concerning t	his matter	to the following:	
Jay Kis	ter				
			Name of I	Person	
Infinity	Lending Service	es, Inc.			
			Firm/Comp	pany	
131 Do	lores Court				
		<u> </u>	Addre	SS	
Redland	ds, CA 92374				
		Ci	ty/State an	d Zip code	
jay.kiste	er@centrixusa.co				
		E-mail address: (to	be used for	or future annual report i	notification)
For furt	ther information	n concerning this matte	r, please ca	ill:	
Jay Kist	ter	at (619	Code Daytime Telephone Number	
	Name of Pers	on	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please m		the following amount: ole to: FLORIDA DEPA S78.75 Filing Fe Certificate of St	RTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transactin	g business in Florida)	
UT	, 20			
(State or countr	$\frac{20}{\text{y under the law of which it is incorporated}}$ 3.	(FEI number, if ap	plicable)	
10/31/2018	5			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
131 Dolores Cou	rt Redlands. CA 92374			
	(Principal office	street address)	2023	
	(Current mailing a	iddress, if different)		
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	:)	
Name:	Paracorp Incorporated		; ;;	
ffice Address:	155 Office Plaza Drive, 1st Floor		.	
	Tallahassee	Florida 32301		
	(City)	(Zip code)		
aving been nam esignated in this erther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	nt as registered agent and agre tive to the proper and complet	e to act in this capac	
	Please see attached.			
	(Registered agent's sign			

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

DChairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman		
□Director	Redlands, CA 92374	Director		
President		□President		
□Vice President		□Vice President		_
□Secretary	□Treasurer	Secretary		□Treasurer
□Other		□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
□Director		□Director		
□President		□President		
□Vice President		□Vice President		·
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Ovt.	Other	Other		□Other

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/02/2023

ENTITY NAME: Infinity Lending Services, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

08/01/2023 11041682-014208012023-1254071

CERTIFICATE OF EXISTENCE

Registration Number:

11041682-0142

Business Name:

INFINITY LENDING SERVICES, INC.

Registered Date:

October 31, 2018

Entity Type:

Corporation - Domestic - Profit

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L. Veillette

Leigh Veillette

Director

Division of Corporations and Commercial Code