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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6391

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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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
ELEVEN ELEVEN GROUP INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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K. PAGE
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Electronic Filing Menu

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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: ELEVEN ELEVEN GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19600 NW 88TH CT

19600 NW 88TH CT

HIALEAH, FL 33018

HIALEAH, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES, MANUFACTURING AND DISTRIBUTIONS.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMALIA LENIS

Name and Title: _____

Address 19600 NW 88TH CT

Address: _____

HIALEAH, FL 33018

PRESIDENT

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: AMALIA LENIS
Address: 19600 NW 88TH CT
HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMALIA LENIS
Address: 19600 NW 88TH CT
HIALEAH, FL 33018

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 15, 2018. (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

x Am Lenis
Required Signature/Registered Agent

MARCH 15, 2018
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.

x Am Lenis
Required Signature/Incorporator

MARCH 15, 2018
Date