Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	age. Doing so will generate another cover sheet.
To:	ري المراقبي
	Division of Corporations
Fmar :	Fax Number : (850) 617-6381
From:	Account Name : ALLSTATE CORPORATE SERVICES CORP.
	Account Number : 120040000031
	Phone : (800)906-9220 Fax Number : (800)906-9880
annual report	address for this business entity to be used for future mailings. Enter only one email address please.**
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FLORII	DA PROFIT/NON PROFIT CORPORATION

## **COVER LETTER**

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

SUBJECT: May 11 Holding, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **□ \$70.00 \$78.75** □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED ALLSTATE CORPORATE SERVICES CORP. Name (Printed or typod) 2215 HENDRICKSON STREET, SUITE:1 Address BROOKLYN, NY 11234 City, State & Zip 800-906-9220 Daytime Telephone number FILING@ACS123.COM E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II PRI	NCIPAL OFFICE			
etto, Malle, Mathera & P	Principal <u>street</u> address	Mailing address, if different is:		
	id, Suito #120, Ft. Lauderoale, FL 33309	Palmetto, Molto, Moltnero & Pascarello, LLP 2901 W. Cypress Craek Road, Suito #120, Ft. Laudordale, FL 33309		
	anage.	<del></del>		
ICLE III PUR purpose for whice	th the corporation is organized is:			
EAL ESTA	TE HOLDING COMPANY			
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ICLE IV SHA	RES of stock is: 200			
ICLE IV SHA	RES of stock is:			
ICLE V INIT	TAL OFFICERS AND/OR DIRECTORS			
ICLE V INIT	MAL OFFICERS AND/OR DIRECTORS tle: Oscar Pittini, Director	Name and Title:		
ICLE V INIT	TAL OFFICERS AND/OR DIRECTORS  tle: Oscar Pittini, Director  Palmetto, Molto, Molinaro & Passarello, LLP	Name and Title:		
ICLE V INIT	MAL OFFICERS AND/OR DIRECTORS tle: Oscar Pittini, Director			
ICLE V INIT	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120			
ICLE V INIT	TAL OFFICERS AND/OR DIRECTORS  tle: Oscar Pittini, Director  Palmetto, Molto, Molinaro & Passarello, LLP		2121 K	
ICLE V INIT Name and Ti Address	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120 Ft. Lauderdale, FL 33309	Address:	2 <u>12</u> 1 <del>1</del> 4 <del>2</del> 2	
Name and Ti Address  Name and Titi	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120	Address:	2E21 MAR 3	
ICLE V INIT Name and Ti Address	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120 Ft. Lauderdale, FL 33309	Address:  Name and Title:	2021 MAR 3   AK	
Name and Ti Address  Name and Titi	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120 Ft. Lauderdale, FL 33309	Address:  Name and Title:  Address:	2021 MAR 3   AX 10:	
Name and Ti Address  Name and Titi	Palmetto, Molto, Molinaro & Passarello, LLP  2901 W. Cypress Creek Road, Suite #120  Ft. Lauderdale, FL 33309	Address:  Name and Title:  Address:	2021 MAR 3   AK	
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Name and Ti Address  Name and Titi Address	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120 Ft. Lauderdale, FL 33309	Address:  Name and Title:  Address:	2021 MAR 3   AM 10: 17	
Name and Ti Address  Name and Titi Address	Palmetto, Molto, Molinaro & Passarello, LLP  2901 W. Cypress Creek Road, Suite #120  Ft. Lauderdale, FL 33309	Address:  Name and Title:  Address:	2021 MAR 3   AM 10: 17	
Name and Ti Address  Name and Titi Address	Palmetto, Molto, Molinaro & Passarello, LLP 2901 W. Cypress Creek Road, Suite #120 Ft. Lauderdale, FL 33309	Name and Title:  Address:  Name and Title:	2021 MAR 3   AM 10: 17	

Name ar	ad Title:	Name and Title:	
Addres	<u> </u>	Address:	
ARTICLE VI	REGISTERED AGENT		
Name:	lorida street address (P.O. Box NOT acceptable) of REGISTERED AGENT SOLUTIONS, INC.	the registered agent is:	
Address:	155 Office Plaza Dr., Suite A		
	Tallahassee, FL 32301		202 <b>1</b>
ARTICLE VII	<u>INCORPORATOR</u>		2021 MAR 3
The name and ac	idress of the Incorporator is:		
Name:	BRUNO CILO		
Address:	230 Park Avenue, Suite 2415		AM ID: 17
	New York, NY 10169		¥ ——
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	e more than five days p	) rior or 90 days after the
Note: If the date the document's en	inserted in this block does not meet the applicable affective date on the Department of State's records.	tatutory filing requirement	s, this date will not be liste
Having been nam certificate, I am fo	ved as registered agent to accept service of process for familiar with and accept the appointment as registered	the above stated corporation description and the corporation of the co	on at the place designated in this capacity
White	Assistant Secretary on behalf of Registered Agent Sc	olutions, Inc.	03/24/2021
	Required Signature/Registered Agent		Date
I submit this doca document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	ue. I am aware that the fo as provided for in s.817.153	olse information submitted 5, F.S.
HUN.	CIIV-		03/24/2021
Required Signatur	re/Incorporator	Da	

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