

# P21000085979

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : LEADER ASSOCIATES LLC  
Account Number : I20180000056  
Phone : (954)998-3963  
Fax Number : (954)697-0359

**\*\*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 ASSETS MANAGEMENT INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 OCT -1 AM 10:57

2021 OCT -1 AM 10:33  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

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## **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 ASSETS MANAGEMENT INC**

### **ARTICLE II – ADDRESS**

The Principal street address of the Corporation shall be:

**2945 AIRSIDE CENTER**

**LAKELAND, FL 33811**

The Mailing address of the Corporation shall be:

**SAME AS PRINCIPAL**

### **ARTICLE III – PURPOSE**

The purpose for which the corporation is organized is **any and all lawful business.**

### **ARTICLE IV – SHARES**

The number of shares of stock is: **10,000**

### **ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS**

Name: **MAURICIO B KELMANN**

Title: **PRES**

Address: **2945 AIRSIDE CENTER**

**LAKELAND, FL 33811**

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CLERK OF DISTRICT COURT  
11th Circuit

Name: **CLARISSA F KELMANN**

Title: **VP**

Address: **2945 AIRSIDE CENTER  
LAKELAND, FL 33811**

**ARTICLE VI – REGISTERED AGENT**

The name and Florida street address (PO BOX not acceptable) of the Registered Agent is:

Name: **MAURICIO B KELMANN**

Address: **2945 AIRSIDE CENTER  
LAKELAND, FL 33811**

**ARTICLE VII – INCORPORATOR**

The name and address of the Incorporator is:

Name: **MAURICIO B KELMANN**

Address: **2945 AIRSIDE CENTER  
LAKELAND, FL 33811**

**ARTICLE VIII – EFFECTIVE DATE**

Effective date shall be the **filling date**.

DocuSign Envelope ID: ODA6808E-4642-4E0F-8153-97FE463D62D4

**REGISTERED AGENT AFFIDAVIT**

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.

DocuSigned by:  
*Mauricio Kelmann*  
EDF058F267C441C  
**Mauricio B Kelmann - Registered Agent**

9/30/2021

Date

**INCORPORATOR AFFIDAVIT**

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.

DocuSigned by:  
*Mauricio Kelmann*  
EDF058F267C441C  
**Mauricio B Kelmann - Incorporator**

9/30/2021

Date