

P22 000055 333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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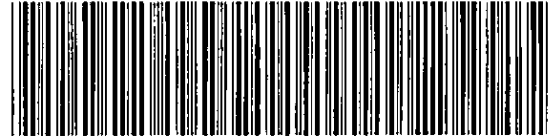
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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JUL 12 2022

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22 JUL 12 AM 9:08



**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
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**PICK UP:** 7/12 DANNY

**CERTIFIED COPY**

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**INC**

1. **ELEVEN 85 MANAGER, INC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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## COVER LETTER

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

**SUBJECT:** Eleven 85 Manager, 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  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kevin A. Denti, Esquire

Name (Printed or typed)

2180 Immokalee Road - Suite #316

Address

Naples, Florida 34110

City, State & Zip

239-260-8111

Daytime Telephone number

kdenti@dentiaw.com

E-mail address: (to be used for future annual report notification)

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

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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 85 Manager, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
999 Vanderbilt Beach Road  
Suite #701

Naples, Florida 34108

Mailing address, if different is:  
999 Vanderbilt Beach Road  
Suite #701

Naples, Florida 34108

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in all lawful businesses authorized by  
Florida law.

### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Walter S. Hagenbuckle-President

Address 999 Vanderbilt Beach Road  
Suite #701  
Naples, Florida 34108

Name and Title: Walter S. Hagenbuckle-Director

Address: 999 Vanderbilt Beach Road  
Suite #701  
Naples, Florida 34108

Name and Title: Albert Livingston-Vice President

Address 999 Vanderbilt Beach Road  
Suite #701  
Naples, Florida 34108

Name and Title: Albert Livingston-Director

Address: 999 Vanderbilt Beach Road  
Suite #701  
Naples, Florida 34108

Name and Title: Steven Harper - Secretary

Address 999 Vanderbilt Beach Road  
Suite #701  
Naples, Florida 34108

Name and Title: Nicholas Vician - Treasurer

Address: 999 Vanderbilt Beach Road  
Suite #701  
Naples, Florida 34108

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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: Kevin A. Denti, Esquire

Address: 2180 Immokalee Road - Suite #316

Naples, Florida 34110

**ARTICLE VII INCORPORATOR**

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

Name: Kevin A. Denti, Esquire

Address: 2180 Immokalee Road - Suite #316

Naples, Florida 34110

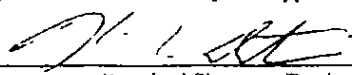
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

  
Required Signature/Registered Agent

7/7/22  
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.*

  
Required Signature/Incorporator

7/7/22  
Date

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