

7/25/22, 3:11 PM

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220002515683ABC+

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

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ELEETE@ELEETE.COM

2022 JUL 25 AM 8:25  
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DIVISION OF STATE  
CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION  
elete Technology Inc

2022 JUL 25 PM 3:21  
RECEIVED  
CORPORATION  
COMMERCIAL

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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H22000251568

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: eleete Technology Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 12211 NW 29th Place  
Sunrise, FL 33323  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 at No Par Value

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

Name and Title: John Barbieri - President/Director Name and Title: \_\_\_\_\_  
Address: 12211 NW 29th Place Address: \_\_\_\_\_  
Sunrise, FL 33323 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2022 JUL 25 AM 8:25  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

H22000251568

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: John Barbieri  
 Address: 12211 NW 29th Place  
Sunrise, FL 33323

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Barbieri  
 Address: 12211 NW 29th Place  
Sunrise, FL 33323

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**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*

 July 18, 2022  
 Required Signature/Registered Agent 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.*

 July 18, 2022  
 Required Signature/Incorporator Date