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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Email Address: gkleiman@thegemstonegroup.com

2022 NOV 28 PM 3:33
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STATE OF FLORIDA
TALLAHASSEE

2022 NOV 28 PM 3:20

FLORIDA PROFIT/NON PROFIT CORPORATION
KLEIMAN ENTERPRISES INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

HL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: KLEIMAN ENTERPRISES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

109 W. Fortune StreetUnit 1529Tampa, FL 33602**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Investment consulting and any lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Benjamin Kleiman, PresidentName and Title: Benjamin Kleiman, SecretaryAddress 109 W. Fortune StreetAddress: 109 W. Fortune StreetUnit 1529Unit 1529Tampa, FL 33602Tampa, FL 33602Name and Title: Benjamin Kleiman, Treasurer

Name and Title: _____

Address 109 W. Fortune Street

Address: _____

Unit 1529Tampa, FL 33602

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALTAIR HASSE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Benjamin Kleiman
Address: 109 W. Fortune Street, Unit 1529
Tampa, FL 33602

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Benjamin Kleiman
Address: 109 W. Fortune Street, Unit 1529
Tampa, FL 33602

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

Ben Kleiman
Required Signature/Registered Agent

11/22/2022
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.

Ben Kleiman
Required Signature/Incorporator

11/22/2022
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA