

P24000029509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

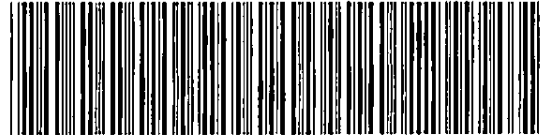
(Business Entity Name)

(Document Number)

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

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2024 APR 29 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2024 APR 29 AM 9:47  
TALLAHASSEE, FL

NS

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/29 GLINDA

☐ **CERTIFIED COPY**

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ARTICLES

1. ONE11 CAPITAL CORP

(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:**

FILED  
2004 APR 29 PM 3:47  
TALLAHASSEE, FLA

## COVER LETTER

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

**SUBJECT:** ONE11 CAPITAL CORP

(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:** Irina Roth Neumann, Esq

Name (Printed or typed)

1000 Brickell Ave., Suite 1100

Address

Miami, FL 33131

City, State & Zip

(305) 798-8878

Daytime Telephone number

irina@rothpalaw.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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2011 FEB 29 PM 3:43

**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: ONE11 CAPITAL CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

520 Brickell Key Dr, Apt 1910, Miami FL 33131

520 Brickell Key Dr, Apt 1910, Miami FL 33131

**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 and Title: Andrea Nuñez, Director

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

Address 520 Brickell Key Dr,  
Apt 1910  
Miami FL, 33131

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_  
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Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Roth Private Advising Law

Address: 1000 Brickell Ave., Suite 1100

Miami, FL 33131

**ARTICLE VII INCORPORATOR**

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

Name: Andrea Nuñez

Address: 520 Brickell Key Dr, Apt 1910.

Miami FL, 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/26/2024. (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

04/12/2024

\_\_\_\_\_  
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.*

Andrea Nuñez

\_\_\_\_\_  
Required Signature/Incorporator

04/26/24

\_\_\_\_\_  
Date