

F23000003958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

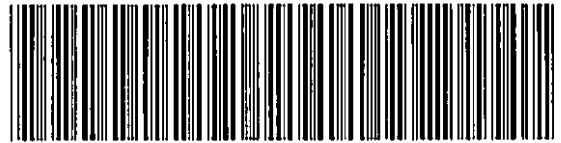
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-81647

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APPROVED
AND
FILED
2023 JUN 26 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 10 2023

C. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2023

AYNAN ATALAY
6255 NW 120TH DR.
CORAL SPRINGS, FL 33076

SUBJECT: UNITED CONSTRUCTION & MANAGEMENT INC.
Ref. Number: W23000081647

We have received your document for UNITED CONSTRUCTION & MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted merely reserves the name in Florida and does not authorize the business to transact business in Florida. If you wish to Transact business in Florida please fill out the enclosed form and also include a certificate of Good Standing from the home state. If you wish to continue with the form you submitted we will still need the certificate of Good Standing from the home state.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 823A00013193

RECEIVED
JUN 26 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Construction Management Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ayhan Atalay
Name of Person
United Construction Management Inc
Firm/Company
6255 NW 120th Dr
Address
Coral Springs FL 33076
City/State and Zip code
atalay@atldevelopment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ayhan Atalay at (862) 334 3884
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. United Construction & Management, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Florida United Construction & Management INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NJ 3. 27-3907298
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/8/2010 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/25/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6255 NW 120th Dr Coral Springs FL 33076
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ayhan Atalay

Office Address: 6255 NW 120th Dr
Coral Springs, Florida 33076
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 26 AM 11:36

APPROVED
AND
FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

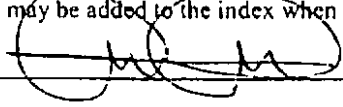
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

| | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman | Name: <u>Ayhan Atalay</u> | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: <u>6255 NW 120th Dr</u> | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | <u>Coral Springs FL 33076</u> | <input type="checkbox"/> Director | _____ |
| <input checked="" type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Ayhan Atalay - President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

UNITED CONSTRUCTION AND MANAGEMENT, INC.
0101012210

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 08, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

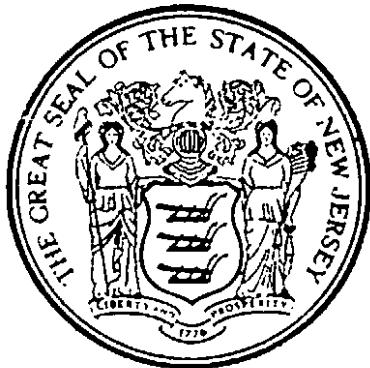
I further certify that the registered agent and office are:

AYHAN ATALAY
430 BLACK OAK RIDGE RD
WAYNE, NJ 07470

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on March 30, 2022.

PRESIDENT

AYHAN ATALAY
430 BLACK OAK RIDGE RD
WAYNE, NJ 07470



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of June, 2023*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6144124049

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSF/Verify_Cert.jsp