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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 : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SB Key Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
11 JUN 15 PM 1:04
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: SB Key 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: Mark Small

Name (Printed or typed)

711 5th Ave. S. Suite 200

Address

Naples, FL 34102

City, State & Zip

(239) 643-8000

Daytime Telephone number

msmall@clevelandconstruction.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: SB Key Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
711 5th Ave. S. Suite 200
Naples, FL 34102

Mailing address, if different in:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	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: Mark Small
Address: 711 5th Ave. S. Suite 200
Naples, Florida 34102

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Dennis B. Angen
Address: 1900 East 9th Street, Suite 3200
Cleveland, Ohio 44114

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.
Mark Small

By: _____

Required Signature/Registered Agent

6/14/11

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

6/14/11

Date

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TALLAHASSEE FLORIDA