

Division of Corporations

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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 : 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.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SELECTIVE BUILDERS MANAGEMENT CORP**

Certificate of Status	1
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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: SELECTIVE BUILDERS MANAGEMENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1548 SE ROYAL GREEN CIRCLE, UNIT 101
PORT ST. LUCIE, FL 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONTRACTION MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BURAK CIG - PRESIDENT
Address: 1548 SE ROYAL GREEN CIRCLE, UNIT 101
PORT ST. LUCIE, FL 34952

Name and Title: SALVATORE MARRA - PRESIDENT
Address: 3741 SW COQUINA COWBOY WAY, APT 201
PALM CITY, FL 34990

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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: BURAK CIG
 Address: 1548 SE ROYAL GREEN CIRCLE, UNIT 101
PORT ST. LUCIE, FL 34952

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: BURAK CIG
 Address: 1548 SE ROYAL GREEN CIRCLE, UNIT 101
PORT ST. LUCIE, FL 34952

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*

Required Signature/Registered Agent

BURAK CIGFEBRUARY 16, 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.

Required Signature/Incorporator

BURAK CIGFEBRUARY 16, 2022

Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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