

9/19/25, 9:45 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

P250000052806

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000336504 3)))



H250003365043ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LIPPE MATHIAS WEXLER FRIEDMAN LLP
Account Number : I20190000014
Phone : (904)660-0020
Fax Number : (904)660-0029

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

Email Address: jkempf@lippes.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Selene 1102-E GP, Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

FILED
2025 SEP 19 PM 1:59

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

SUBJECT: Selene 1102-E GP 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 ☐ \$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: Jeffrey W. Kempf
Name (Printed or typed)
10151 Deerwood Park Blvd., Bldg. 300, Ste. 300
Address
Jacksonville, Florida 32256
City, State & Zip
904-660-0020 ext. 518
Daytime Telephone number
jkempf@lippes.com
E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION 2025 SEP 19 PM 1:59
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)ARTICLE I NAME

The name of the corporation shall be: Scienc 1102-E GP Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address
151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is any and all lawful business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelly De Faveri, Director

Name and Title: Kelly De Faveri, President

Address: 151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304Address: 151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304

Name and Title: David De Faveri, Director

Name and Title: David De Faveri, Vice-President

Address: 151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304Address: 151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304

Name and Title: David De Faveri, Secretary

Name and Title:

Address: 151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304

Address:

FILED

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: LIPPES MATHIAS LLP
Address: 10151 Deerwood Park Blvd., Bldg. 300, Ste. 300
Jacksonville, Florida 32256

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name: David De Faveri
Address: 151 N. Seabreeze Blvd., Unit 1102-E
Fort Lauderdale, Florida 33304

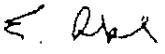
ARTICLE VIII EFFECTIVE DATE:

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.)

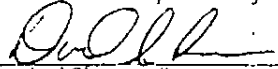
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 as a Partner of Lippes Mathias LLP
Required Signature/Registered Agent

9/19/2025
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

SEPT 18/25
Date