Florida Department of State

Division of Corporations

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From:
Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP
Account Number : I20190000014
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FLORIDA PROFIT/NON PROFIT CORPORATION

Selene 1102-E GP, Inc.

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

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COVER LETTER

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:

X $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: 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.

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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: Selene 1102-E GP Inc.

ARTICLE II PRINCIPAL OFFICE

Principal 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

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

Name and Title: Kelly De Faveri, President

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

Name and Title: David De Faveri, Director

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

Name and Title: David De Faveri, Vice-President

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

Name and Title: David De Faveri, Secretary

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

Name and Title:

Address:

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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: LIPPES MATHIAS LLP

Address: 10151 Deerwood Park Blvd., Bldg. 300, Ste. 300

Jacksonville, Florida 32256

ARTICLE VII INCORPORATOR

The **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

E. Rhett , as a Partner of Lippes Mathias LLP — 9/19/2025

Required Signature/Registered Agent — 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 — Date Sept 18/25