

PO 2000 135415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

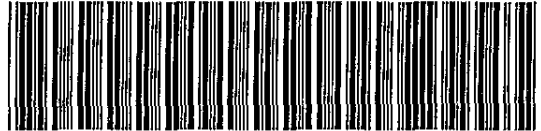
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 DEC 27 AM 10:27

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TRANSMITTAL LETTER

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

SUBJECT: All Keys Construction 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: Amber Shatter  
Name (Printed or typed)

20949 Fifth Avenue  
Address

Cudjoe Key, FL 33042  
City, State & Zip

305-294-9119  
Daytime Telephone number

305-745-8600

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: *All Keys Construction Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: *P.O. Box 2201  
Key West, FL 33045*

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TALLAHASSEE, FLORIDA  
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
*Professional Corporation for Construction Services.*

**ARTICLE IV SHARES**

The number of shares of stock is: *500*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):  
*Amber Shaffer  
20949 Fifth Ave W.  
Cudjoe Key, FL 33042  
President*  
*John Mann  
22960 Gasparilla  
Cudjoe Key, FL 33042  
Vice President*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
*Amber Shaffer  
20949 Fifth Ave W.  
Cudjoe Key, FL 33042*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
*Amber Shaffer  
20949 Fifth Ave W.  
Cudjoe Key, FL 33042*

\*\*\*\*\*  
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

*Amber Shaffer*  
\_\_\_\_\_  
Signature/Registered Agent

*12/20/02*  
\_\_\_\_\_  
Date

*Amber Shaffer*  
\_\_\_\_\_  
Signature/Incorporator

*12/20/02*  
\_\_\_\_\_  
Date