

P22000047917

(Requestor's Name)

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PICK-UP WAIT MAIL

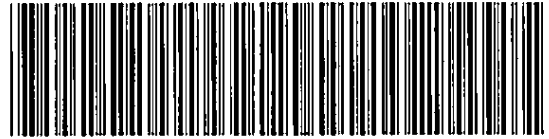
(Business Entity Name)

(Document Number)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 06/13/2022

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Eric DW

Name:	Keel Brand Corp.
Document #:	
Order #:	14381880

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$ **78.75**

Thank you!

COVER LETTER

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

SUBJECT: Keel Brand Corp.
(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: Matthew Cohen
Name (Printed or typed)

3406 SW 26th Terrace, Suite C-1
Address

Fort Lauderdale, FL 33312
City, State & Zip

(954) 842-4989
Daytime Telephone number

matt.cohen@floragrowth.com
E-mail address: (to be used for future annual report notification)

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: Keel Brand Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3406 SW 26th Terrace, Suite C-1
Fort Lauderdale, FL 33312

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act, provided that the corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares, \$0.001 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Choe, President
Address: 3406 SW 26th Terrace, Suite C-1
Fort Lauderdale, FL 33312

Name and Title: Garrett Potter, Vice President
Address: 3406 SW 26th Terrace, Suite C-1
Fort Lauderdale, FL 33312

Name and Title: Matthew Cohen, Vice President
Address: 3406 SW 26th Terrace, Suite C-1
Fort Lauderdale, FL 33312

Name and Title: Lisa Goble, Vice President
Address: 3406 SW 26th Terrace, Suite C-1
Fort Lauderdale, FL 33312

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECONDARY OF STATE
TALLAHASSEE, FL

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: C T Corporation System _____

Address: 1200 South Pine Island Road Plantation, _____

FL 33324 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rebecca DiStefano _____

Address: 401 E Las Olas Blvd. Ste 2000 _____

Fort Lauderdale, FL 33301 _____

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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

By: C T Corporation System _____ /s/ Olga Hinkel, VP _____ 06/10/22 _____
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.

/s/ Rebecca DiStefano _____ 06/10/2022 _____
Required Signature/Incorporator Date