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TO:

Registration Section

Division of Corporations KEY BLINDS, INC (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: CHRISTOPHER BABB (Name of Person) KEY BLINDS, INC (Firm/Company) 2835 SE 5th PLACE (Address) HOMESTEAD, FL, 33033 (City/State and Zip code) For further information concerning this matter, please call: CHRISTOPHER BABB at (305) 230 - 9354 (Name of Person) (Area Code & Daytime Telephone Number) 200005819992 -06/18/02--01067--013 STREET ADDRESS: **MAILING ADDRESS:** ****167.50 *****87.50 Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & **ቖ** \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1. KEY BUNDS, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. <u>| ILLINOIS</u> (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) Duration: Year corp. will cease to exist or "perpetual") 6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 847 WEST ROSCOE #3 CHICAGO ILL (Principal office address) HOMESTEAD FL 33033 (Current mailing address) THE TRANSACTION OF ANY AND ALL LAWFUL PURPOSES FOR WHICH CORPORATIONS AY BE INCORPORATED UNDER ILLINOIS & FLORIDA LAW. ACTS OR STATUTES (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CHRISTOPHER BABR Office Address: 2835 SE 544 PLACE Homestead , Florida 33033 (City) , Florida (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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CHRISTOPHER BABB 2835 SE 5+h PLACE HOMESTEAD, FL 33033 sident:	

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

File Number _____



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



Desse White