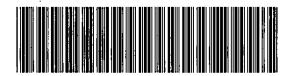
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE
OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations		**
	1 .	
SUBJECT: KEY / IEN CORP.  Name of corporation	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	anding" and check are submit	
Please return all correspondence concerning this matter	er to the following:	
BRYAN MISLE		
BRYAN MISLE Name o  Keyhan Corporation Firm/Co	f Person	
- KEYLIEN CORDORATION	M	
Firm/Co	mpany	
3581 NW 5TH AVE		
DAKLANN PACK, FI	lress OKIDA 33304	1
3581 NW STH AVE Add DAKLAND PACK FOR Chy/State bryan @ inebrasks E-mail address: (to be used	and Zip code  1. Com 1 for future annual report not	ification)
For further information concerning this matter, please		
BRAN MISIE at (957) Name of Person Area	4) 563-150 a Code & Daytime Telephone	0_3 e Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADI New Filing Secti Division of Corp P.O. Box 6327 Tallahassee, FL	on orations
Enclosed is a check for the following amount:		
\$70.00 Filing Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

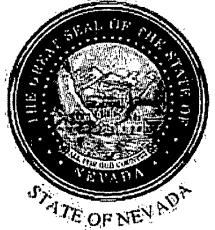
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

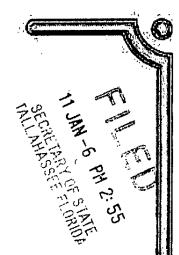
IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Co.," "Corp." "Inc." "Co." or "Corp.") If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Date first transacted business in Florida, it prior to registration. (SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability) (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 NOT acceptable) Name: PRUDEN TIM DAVE, 12TH FROOK Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the filace 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: BLynn MISLE Address: 3581 NW STHANE ONKING PML, 6 33309 11 JAN-6 PM 2:55 Vice Chairman: SVEANNE MISC W SITT AVE, DATHERMS TALL FL 33 309 Director: Address: **B. OFFICERS** President: BLYAN MISIE NW 5TH AVE OAKERS PMK, FZ 33309 Vice President: BRYAW MISIE Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F<sub>x</sub>S (Typed or printed name and capacity of person signing application)







## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **KEYLIEN CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2002, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20101221-0163
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 21, 2010.

ROSS MILLER Secretary of State