## F17000002510

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7 MAY 30 PA 4: 23 CORETARY OF STATE LI AHASSEE, FLORID

S. WARREN JUN 0 2 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: KEYBIZ INTERNATIONA	th. INC.	
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence," or "Certificate of Good Standing" and check are submabove referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
±50ac Perelmuter		
Name of Person		
Spazio lealty		
Firm/Company		
20900 NE 30 Ave.	#850	
Address	<del>,</del>	
Auentura, FL 3318	${\mathcal O}$	
City/State and Zip code	···	
15aac @spazioreatty.	OM	
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter, please call:		
Isaac Perelmuter at 305, 809-8	6222	
Name of Person Area Code Daytime Teleph	one Number	
STREET/COURIER ADDRESS: MAILING AI	MAILING ADDRESS:	
· ·	Registration Section	
	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FI Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
	<b>=</b> 40= 00 w =	
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status 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," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 9. 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.

10. 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.

(Registered agent's signature)

11 Name and basis are addresses of affine and a		
11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: ISOCIC Pere muter		
Address: 1619Z COastal Highway, Lewes, DE 19958		
Vice Chairman: ISOCIC Perelynuter		
Address: 1619Z Coostal Highway, Lews, DE 19959		
Address. 10 12 500 500 1		
Director: I-Saac Pevelmuter		
Director: 11100 Charles I al Carlos DT 101000		
Address: 16192 Coastal Highway, Lewes, DE 19958=		
<u>≥</u> m Am A		
Director:		
Address:		
Address:		
B. OFFICERS		
President: ISOAC Parelmuter		
Address: 16192 Coastal Highway, Loubs DE 19958		
TEACH REVELMINEY		
Vice President: 4000 1000		
Address: 16192 Coostal Highway, Lews, DE 19958		
Secretary: ISOAC Peremuter		
Address: 16192 COastal Highway, Lews. DE 19958		
TEACL VOICE MINIC		
Treasurer: 1000 POCH 1 1 John Sty 1 and ME 10000		
Address: 16192 Coastal Highway, Lews, DE 19958		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
12.		
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 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.S.  T-5000 Peyelm Her		

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

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KEYBIZ INTERNATIONAL, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MAY, A.D. 2017.

James W. Bullock, Secretary or State

Authentication: 202464415

Date: 05-01-17