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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations	3				
SUBJECT: Keys Auto Supply I	nc.				
	Name of corporation - r	nust include suffix	_		
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Standin	g" and check are subm			
Please return all correspondence	concerning this matter to	the following:			
Michael Reagan					
	Name of Per	rson			
Keys Auto Supply Inc.					
	Firm/Compa	ny	202		
12188 Overseas Highway •			2021 MAY 17 PM		
	Address		. j		
Marathon FL 33050					
	City/State and	Zip code	100.0		
keys.auto.supply@gmail.com			-n.4!		
£-mai	l address: (to be used for	future annual report not	ification)		
For further information concerni	ng this matter, please call	:			
Michael Reagan	at ()	797-6623			
Name of Person	Area Code	Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
-	ORIDA DEPARTMENT O. 3.75 Filing Fee & 💢 🖺 \$	F STATE 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.

Keys Auto Supp	oly Inc.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	I,"	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	g business in Florida)	
Georgia	3 86	86-3723092		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
5/5/21	5.			
(Date	of incorporation)	(Date of duration, if other t	han perpetual)	
	·			
- 	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1503		tre'l	
12188 Overseas F	Highway, Marathon, FL 33050	2, F.S., to determine penany naom	(y)	
	(Principal office	street address)		
	` .	·		
	(Current mailing	address, if different)		
. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	S	
Name:	Michael Reagan			
Office Address:	12188 Overseas, Highway			
	Marathon	, Florida 33050		
	(City)	(Zip code)		

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.

Mondal Anguard (Registered agent's signature)

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.

A. DIRECTORS				
Chairman	Name: Michael Reagan	□Chairman	Name:	
□Vice Chairman	Address: 12188 Overseas Highway, Maratho A	□Vice Chairman	Address:	
□Director	FL. 33050	□Director		
■ President		□President		
□Vice President		□Vice President		
■ Secretary	T reasurer	☐ Secretary		Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer 🔀
□Other	Other	Other		□Treasurer 22
□Chairman	Name:	□Chairman		P
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment detection of the index when filing your Florida Department of Director Signing this document (and who is listed in number	ent of State Annual R	eport form.	
she is aware that fi s.817.155, F.S.	alse information submitted in a document to the Depar	tment of State constit	utes a third degree	e felony as provided for in
13. Michael Rea	agan, President .		 	

Control Number: 21120373

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Keys Auto Supply Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prime facile evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number

Date Inc/Auth/Filed: 05/05/2021

Jurisdiction Print Date

: Georgia : 05/07/2021

Form Number

211



Brad Rafforsperger

Brad Raffensperger Secretary of State