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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: William Keys & Sons Inc					
Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corpo" Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	Good Standi	ng" and check are submit	Business in Florida," ited to register the		
Please return all correspondence concerning	this matter to	the following:			
Diana Chevere					
	Name of Pe	rson			
	·	<u> </u>			
	Firm/Compa	iny			
654B W Southport Rd					
	Address	i			
Kissimmee, FL. 34746			<u></u>		
	City/State and	Zip code			
diana.chevere@wkeys.co.uk;cheaney@euroauct			f ()		
E-mail address: (1	to be used for	future annual report noti	ncation)		
For further information concerning this matt	er, please cal	l:			
Diana Chevere	770	ea Code Daytime Telephone Number			
Name of Person	Area Code	Daytime Telephor	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations		
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP. \$70.00 Filing Fee \$78.75 Filing F. Certificate of S.	ARTMENT O		■ \$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.

William Keys &	2 Sons Inc				
(Enter name of co	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate na	ime ad	opted for the purpose of transacting business	s in Florida)	
Georgia		3.	98-1107464 3.		
(State or countr	y under the law of which it is incorporated	.)	(FEI number, if applicable)		
04/29/2013		5			
(Date of incorporation)		J	(Date of duration, if other than perpetual)		
May 7 2024					
, 654B W Southpot			Florida, if prior to registration) 2, F.S., to determine penalty liability)		
	(Principal	office	street address)		
654B W Soutport	Rd. Kissimmee, FL 34746				
	(Current m	ailing	address, if different)		
8. Name and <u>stree</u> Name:	et address of Florida registered agent: Diana Chevere	(P.O.	Box <u>NOT</u> acceptable)	- AVH 6707	
Office Address:	654B W Southport Rd		_	-9 PH	
	Kissimmee		, Florida ³⁴⁷⁴⁶		
	(City)		(Zip code)	: 56	

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.

(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:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Dromore, Co. Tyrone	□Director	Kissimmee, FL 34746				
■ President	Northern Ireland, UK. BT78 3AJ	□President					
□Vice President		□Vice President					
Secretary	□Treasurer	■ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President	<u> </u>				
□Secretary	□Treasurer	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	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 of 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.							
Diana Chevere , Secretary							

Control Number: 13004156

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 scal of my office that

WILLIAM KEYS & SONS 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 prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 27292191 Date Inc/Auth/Filed: 04/29/2013 Jurisdiction Georgia : 05/07/2024 Print Date

211 Form Number



Brad Raffensperger

Brad Raffensperger Secretary of State