## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000020400 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. D&D KEYS INVESTMENT, LLC

the state of the s	
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Corporate Filing Menu

#4129 P.002/003

H16000020400°

FILED

FOR

16 JAN 25 PN 2: 21

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE			sility Com	pany is: 6	Must end :	rith the wo	ords *Limite	d Liabíli	tu Comp	anv.
L.L.C * 0= *LLC	. <del>"</del> )	D		_						
ARTICLE The mailin Company :	II - Add g address	rece.	et addres	s of the pa	incipa	l office	l			
-	<u> </u>	liam	J. FC	_ <u>33</u>	الم	<u>!</u>				
ARTICLE The name Company con with an active	and the inot serve as a Florida reg	Florida st its own Reg pistration.)	reet addr istered Agen	ess of the	registe	ered age	ent are: ( sidual or a	The Lin	nited Lid business	zbilit enti
	<del></del> ^	201e 540	• ;	, 101 1W	9	8 <u>4</u> 331	AV	e		
ARTICLI The name	and title	of each p	erson aut	thorized to	<del>,</del>			the L	—– imited	
		<u> </u>				(A Cr	MP ami	B)	7	
			· ·							
						· · · · · · · · · · · · · · · · · · ·				
1					<u>,</u>				<del></del>	

Page 1 of 2

H 16000020400

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605 0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.\$.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for

in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 2 of 2