

MA0000010477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

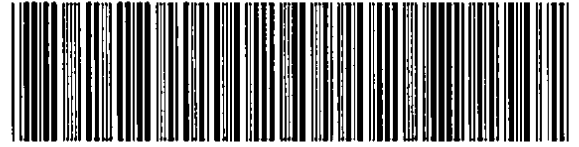
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations
Keyp, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Austin Gappelberg

Name of Person

Keyp, LLC

Firm/Company

504 W Grande Central Ave, Unit #821

Address

Tampa, FL 33606

City/State and Zip Code

austin@mykeyp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Gappelberg

631

4613663

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Keypr, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. _____ (Jurisdiction under the law of which foreign limited liability company is organized)

September 20, 2020

3. _____ (FEL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

132 E Delaware Ave, Newark DE 19711

504 W Grande Central Ave - Unit #821

5. _____ (Street Address of Principal Office)

6. Tampa FL, 33606
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Austin Gappelberg

Name: _____

504 W Grande Central Ave - Unit #821

Office Address: _____

Tampa _____ 33606
(City) _____, Florida (Zip code)

Registered agent's acceptance:

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 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Austin Gappelberg
504 W Grande Central Ave -
☐ Member Address: Unit #821
☒ Authorized
Tampa FL., 33606
Person
CEO
☒ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
Person
☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.S.



Signature of an authorized person

Austin Gappelberg

Typed or printed name of signee

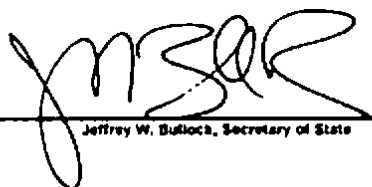
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEYP., LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEYP., LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2019.


Jeffrey W. Bullock, Secretary of State

7428675 8300

SR# 20208004512

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204003885

Date: 11-04-20

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8396698

11-04-2020

AUSTIN GAPPELBERG
504 W GRANDE CENTRAL AVE
UNIT 821
TAMPA, FL 33606

DESCRIPTION	AMOUNT
7428675 - KEYP., LLC	
Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00