

6/16/2021

Division of Corporations

**M2100007553**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.

(((H21000236904 3)))



H210002369043ABC.

**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)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

2021 MAY 16 PM 4:10

FILED

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

Email Address: \_\_\_\_\_

RECEIVED

2021 JUN 16 PM 12:24

**Foreign Limited Liability Company  
KEY INVESTMENT PARTNERS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

5/24/21  
6/17/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KEY INVESTMENT PARTNERS LLC  
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

key123@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

2021 MAY 16 PM 4:10

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. KEY INVESTMENT PARTNERS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

Keystar Investment Partners LLC

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

2. Delaware

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

3. 83-2197728

(EIN number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. \_\_\_\_\_

(Street Address of Principal Office)

184 Governors Lane NW

Aiken, South Carolina 29801

6. \_\_\_\_\_

(Mailing Address)

184 Governors Lane NW

Aiken, South Carolina 29801

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

Name:

UNITED STATES CORPORATION AGENTS, INC.

Office Address:

5575 S. Semoran Blvd., Suite 36

Orlando

(City)

Florida 32822

(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.*



CHEYENNE MOSELEY, ASSISTANT SECRETARY,  
UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

2021 MAY 16 PM 4:10

FILED

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Martin Key</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>184 Governors Lane NW</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Aiken, South Carolina 29801</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Martin Key  
 Signature of an authorized person

Martin Key  
 Typed or printed name of signer

# Delaware

The First State

Page 1

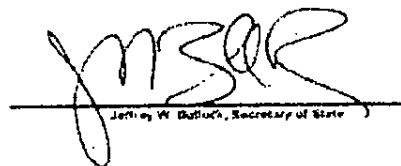
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEY INVESTMENT PARTNERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEY INVESTMENT PARTNERS LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2021 MAY 16 PM 4:10  
J. W. BULLOCK, JR.  
SECRETARY OF STATE



  
Jeffrey W. Bullock, Secretary of State

7092802 8300

SR# 20212430837

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203431224

Date: 06-11-21