Page: 2 of 6

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		Division of Corporations Fax Number : (850)617–6383				
U	From SECI		Phone : (323)962-8600			
:E [1] C7 3:						
	Foreign Limited Liability Company KEY INVESTMENT PARTNERS LLC					
		Certificate of Status				
		Certified Copy				
		Page Count	(15			
		Estimated Charge	\$155.00			
		3	<u></u>			

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## COVER LETTER.

TO: Registration Section Division of Corporations

KEY INVESTMENT PARTNERS LLC

SUBJECT:

To:

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 FF

Address

Glendale, CA 91203

City/State and Zip Code

key123@gmail.com

**S**125.00 Filing Fee

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

For further information concerning this matter, please call:

Cheyenne Moseley	300 ച (	773-0888
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:		STREET ADDRESS:
Division of Corporations		Division of Corporations
Registration Section		Registration Section
P.O. Box 6327		Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle
		Tallahassee, FL 32301

🔜 \$155.00 Filing Fee &

Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

S130.00 Filing Fee &

Certificate of Status

Τo.

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

## IN COMPLIANCE WITH SECTION 605000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

KEY INVESTMENT PARTNERS LLC

KEY INVESTIMENT FACTORIA LES

Delaware		\$3-2197728		
(Jurisduction under the law of which foreign limited lubibity company is organized		3. (Fill marbler, if apply tables		
	(Date first transacted business in Florida, if prior to ( (See sections 605.0974 & 605.0905, F.S. to determine	e gistration.) se penalty liability)		
184 Governors Ln NW		184 Governors Ln NW		
(Street Address of	Principal Office)	6(Mailing Address)		
Aiken, South Carolina	29801	Aiken, South Carolina 29801		
Name and street addre	55 of Florida registered agent: (P.O. Box	NOT acceptable)		
Name and <u>street addre</u> Name:	55 of Florida registered agent: (P.O. Box UNITED STATES CORPORATION	AGENTS, INC.		
	UNITED STATES CORPORATION	AGENTS, INC.	rt8 20	
Name:	UNITED STATES CORPORATION 476 Riverside Ave. Jacksonville	AGENTS, INC.	יידט ע גיידט ע	

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.

Cm	CHEYENNE MOS UNITED STATES
 (Resistered spent)	(ignature)

SELEY, ASSISTANT SECRETARY, CORPORATION AGENTS, INC.

Registered spen

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:	Title or Canacity	ł	Name and Address:
Manager	Name: Martin Key	Manager	Name:	
Member	Address: 184 Governors Lo NW	Member	Address:	
Authorized	Aiken, South Carolina 29801	Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		
Other	Other	Other		Other
Manager	Name:	🔲 Manager	Name:	
Member	Address:	Member	Address:	·
Authorized		Authorized	<u>.</u>	
Person		Person		
Other	Other	Other		Other
Manager	Name:	🗌 Manager	Name:	
Member	Address:	🛄 Member	Address:	
Authorized		Authorized	·	
Person		Person		<u></u>
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 outh of the translator must be submitted)

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

Martin Kev

Typed or printed name of sinnee.

<u>Delaware</u>

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 FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

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.



Secretary of Kirts

Authentication: 202806199 Date: 02-14-24

7092802 8300 SR# 20240494334

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