# PO/OO/ISSS

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300004702323--6 -12/03/01--01049--031 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT:	Keyswide Prope (PROPOSED CORPORA	erties. Inc. ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)	-
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	Rafi Gvili Name	(Printed or typed)	<u> </u>	
_	2405 Linda Aven	ue Address		
_		3 <u>0 4</u> 0 State & Zip	- Agents	
-	(305)295-0557 Daytime T	elephone number	OF DEC -3 PM 12: SECRETARY OF STA	Section Sectio
N	OTE: Please provide the or	riginal and one gove of		O

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Keyswide Properties, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1100 Duval Street, Suite 100 Key West, FL 33040

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Commercial business management

#### ARTICLE IV SHARES

The number of shares of stock is:

300

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### REGISTERED AGENT

The name and Florida street address of the registered agent is:

Rafi Gvili 2405 Linda Avenue Key West, FL 33040

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rafi Gvili 2405 Linda Avenue Key West, FL 33040

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

11-28-01 Date

Signature/Incorporator