

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

SEGNALMATE OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	KEY I HEMS	- wterprises	INC	
(Proposed corporate name - must include suffix)				
was a second				_
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM		zcavo		
Name (Printed or typed)				
895 S.W. ITVND TEER				
Address				
PENBUKE PINES, KL 33.229 City, State & Zip				
(954) 45 0-5541 Daytime Telephone number				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

02 MAY -2 PM 5: 05

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECHETALL OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Key Items Enterprises, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3250 MARY ST. #305 COLONOT GROVE, FL. 33071

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TEN Thousand (19,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHARIB SABRI 976 CORAL GIVB DR CORAL SPRINGS EL 33071

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

GENE LEZEMO 895 S.W 172ND TERR PEMBROKE PIWES FL 33029

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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 felating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position/as registered agent

Signature/Registered Agent

Date