

PO2000120542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

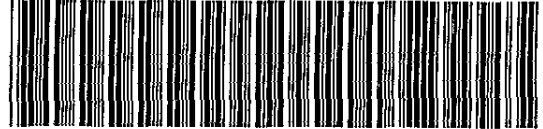
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/04/02--01027--007 \*\*78.75

02 DEC -4 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12/12/02

DATE 12/02/02

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

Re: A KEY INVESTMENT CO. II  
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

PAM CHILTON  
(Individual's Name)

A KEY INVESTMENT CO. II  
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
P.O. Box 229347		
GLENWOOD FL. 32722		
PHONE		
(386)	943-4070	
Area Code	Number	Ext.

**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:

*A KEY INVESTMENT CO. II*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O Box 229347  
GLENWOOD FL. 32722*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPEN A NEW BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND (1000)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

*PAM CHILTON  
2850 OAK RD.  
GLENWOOD FL. 32720*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*PAM CHILTON  
2850 OAK RD  
GLENWOOD FL 32720*

\*\*\*\*\*  
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

*Pam Chilton*  
\_\_\_\_\_  
Signature/Registered Agent

*12/02/02*  
\_\_\_\_\_  
Date

*Pam Chilton*  
\_\_\_\_\_  
Signature/Incorporator

*12/02/02*  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA