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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : ACCOUNTING & BEYOND
Account Number : 119990000223
Phone : (813) 998-9800
Fax Number : (813) 935-9982

FLORIDA PROFIT CORPORATION OR P.A.

L.S. KEYSTONE, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

L.S. KEYSTONE, INC.**ARTICLE II PRINCIPAL OFFICE**

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

7002 N. HOWARD AVE., TAMPA, FL 33607**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is (1,000).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**SANDY LOPEZ
7002 N. HOWARD AVE.
TAMPA, FL 33607****ARTICLE V INCORPORATOR**

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

**LIVAN RUIZ
7002 N. HOWARD AVE.
TAMPA, FL 33607****ARTICLE V BOARD OF DIRECTORS AND OFFICERS**

The initial Board of Directors shall consist of a total of 2 person(s). The name and address(es) of the person(s) who shall serve as the initial director(s) and officer(s) are:

President and Director**SANDY LOPEZ
7002 N. HOWARD AVE.
TAMPA, FL 33607****Vice President and Director****LIVAN RUIZ
7002 N. HOWARD AVE.
TAMPA, FL 33607**

Signature/Incorporator

Date

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 relating 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