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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	= #) — — — — —
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

18,04 18,04

## TRANSMITTAL LETTER

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

SUBJECT:		TE NAME – MUSTING!	
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the art \$\forall \frac{1}{2} \\$78.75  Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	DAVID Name 226 A St.	W: Keys (Printed or typed)  Soe Plaza Address  ast Fl	Drysuite 100 32164

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME  The name of the corporation shall be:
DWKeys, Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:  22 UN St. Joe 29 Dr., Suite 106  Palm Coast Fl. 32164  The purpose for which the corporation is organized is:
Construction
ARTICLE IV SELARES The number of shares of stock is:
/00
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
DAVID W. Koyslaza Dr., Suite 106 236A St. Joe Splaza Dr., Suite 106 236A St. Joe Splaza Dr., Suite 106 ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
DAVID W KOYS 21. A St. Joe Plaza Dr., Suite 106 ARTICLE VII INCORPORATOR 32/64
The name and address of the Incorporator is:
DAVID W. Keyga za Dr., Suite 106 244 in Crast Fl. 32164
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
Signature/Registered Agent Date
10-12-04

Date

'ARTÍCLES OF INCORPORATION

Signature/Incorporator