

P0700024665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

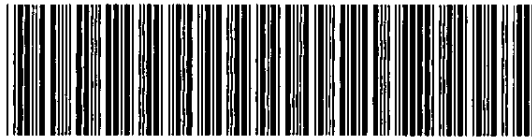
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: KEYS RAW MANAGEMENT, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JASON THOMAS DAVID WOOTERS

Name (Printed or typed)

1500 SEMINARY ST APT 5

Address

KEY WEST, FL 33040

City, State & Zip

305-304-4217

Daytime Telephone number

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

## **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:

**KEYS RAW MANAGEMENT, INC.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1500 SEMINARY ST APT 5

KEY WEST, FL 33040

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE MANAGEMENT AND OTHER LEGAL SERVICES

### **ARTICLE IV SHARES**

The number of shares of stock is:

**100**

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JASON THOMAS DAVID WOOTERS

1500 SEMINARY ST APT 5

KEY WEST FL 33040

PRESIDENT

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

CHARLES WEITZEL CPA  
6810 FRONT STREET  
KEY WEST FL 33040

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

JASON THOMAS DAVID WOOTERS  
1500 SEMINARY ST APT 5  
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*



\_\_\_\_\_  
Signature/Registered Agent



\_\_\_\_\_  
Signature/Incorporator

11/13/07

\_\_\_\_\_  
Date

11.13.07

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA