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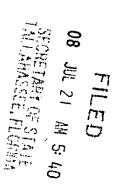
| (Requestor's Name)                      |  |  |  |  |
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|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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# **COVER LETTER**

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

| <sub>SUBJECT:</sub> Keys | s Payroll Services, Inc                    | D.                                  |   |  |
|--------------------------|--|-------------------------------------|---|--|
|                          | (PROPOSED CORPORAT                         | ΓΕ NAME – <u>MUST INCL</u>          | UDE SUFFIX)   |  |
|                          |  |                                     |   |  |
| h <sup>an</sup>          |  |                                     |   |  |
| Enclosed are an orig     | ginal and one (1) copy of the artic        | cles of incorporation and           | I a check for:                                      |  |
| \$70.00 Filing Fee       | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |  |
|                          |  | ADDITIONAL CO                       | Status  |  |
| EDOM: Li                 | nek Tepexpa                                |                                     |   |  |
| TROWL                    | Name (                                     | Printed or typed)                   |   |  |
|                          | P.O. Box 504470                            |                                     |   |  |
|                          | A  | ddress                              |   |  |
|                          | Marathon, FL 33050                         | State 9. 72m                        |   |  |
|                          | City, :                                    | State & Zip                         |   |  |
|                          | (305) 896-0434                             |                                     |   |  |
| 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 Payroll Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

240 Sombrero Bch Rd Apt 1A, Marathon, FL 33050

P.O. Box 504470, Marathon, FL 33050

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Payroll 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):

Linek Tepexpa

P.O. Box 504470

Marathon, FL 33050

President

# ARTICLE VI REGISTERED AGENT

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

Linek Tepexpa

240 Sombrero Bch Rd Apt 1A

Marathon, FL 33050

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linek Tepexpa

P.O. Box 504470

Marathon, FL 33050

Having been pamed as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, famfamiliar with and accept the appointment as registered agent and agree to act in this capacity

Jignature/Register di Agent Date

Multiple Disconsister di Agent Date

12/21/2007

Signature Incolventor Date

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