



**COVER LETTER**

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

**SUBJECT:** Keys Tax & Multi Services 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

**FROM:** Olghie M Brevil  
Name (Printed or typed)

15600 NW 7th Ave Apt 614  
Address

Miami, FL 33169  
City, State & Zip

305-788-0624  
Daytime Telephone number

Obrev001@gmail.com  
E-mail address: (to be used for future annual report notification)

**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 Tax & Multi Services INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
15600 NW 7th Ave apt 614 Miami, FL 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To turn tax preparation into my career, and also to provide for my family.

**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):  
Olgine M. Brevil 15600 NW 7th Ave apt 614 Miami, FL 33169

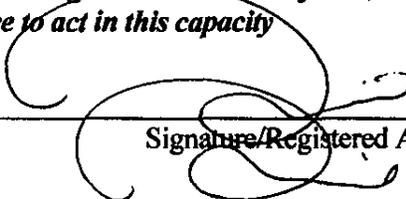
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Olgine M. Brevil 15600 NW 7th Ave apt 614 Miami, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Olgine M. Brevil 15600 NW 7th Ave apt 614 Miami, FL 33169

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*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

FILED  
09 JUN 10 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/4/09  
Date  
6/4/09  
Date