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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

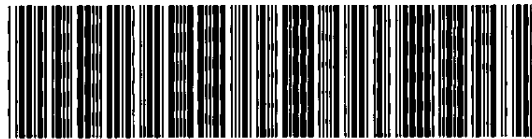
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

## 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Olaine 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):

Olgin 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:

Olgin M. Brevil 15600 NW 7th Ave apt 614 Miami, FL 33169

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Olgin M. Brevil 15600 NW 7th Ave apt 614 Miami, FL 33169

\*\*\*\*\*

*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  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

6/4/09

\_\_\_\_\_  
Date

6/4/09

\_\_\_\_\_  
Date