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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 14 PM 1:24

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Keys Professional Liability Consultants
(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: Bethany M. Brown
Name (Printed or typed)

P.O. Box 570128
Address

Miami, FL 33257
City, State & Zip

305-934-3300
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

BETHANY M. BROWN
P.O. BOX 570128
MIAMI, FL 33257

SUBJECT: KEYS PROFESSIONAL LIABILITY CONSULTANTS
Ref. Number: W11000000625

We have received your document for KEYS PROFESSIONAL LIABILITY CONSULTANTS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 211A00000443

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 Professional Liability Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

19220 SW 129 Court

Miami, FL 33177

Mailing address, if different from:

P.O. Box 570128

Miami, FL 33257

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AND
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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services/Medical Professional Liability Insurance Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bethany M. Brown-President

Address: 19220 SW 129 Court

Miami, FL 33177

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Bethany M. Brown

Address: 19220 SW 129 Court

Miami, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bethany M. Brown

Address: 19220 SW 129 Court

Miami, FL 33177

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

Bethany M. Brown

Required Signature/Registered Agent

1/1/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bethany M. Brown

Required Signature/Incorporator

1/1/2011

Date