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COVER LETTER

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SUBJECT: Keel Center, inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

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☒ \$78.75 Filing Fee
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FROM: C. J. KEEL, JR

Name (Printed or typed)

4045 HENDERSON BLVD.

Address

TAMPA, FLORIDA 33629

City, State & Zip

813 282-3858

Daytime Telephone number

KEELLAWTAMPABAY@VERIZON.NET

E-mail address: (to be used for future annual report notification)

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Keel Center, Inc.

Date

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