

711000099056

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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11/01/11--01044--005 **78.75

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2011 NOV 16 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 17 2011
111-55980



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2011

PETER WOOD
1350 SHEELER RD
APOPKA, FL 32703

SUBJECT: SOUTH FLORIDA ENTERPRISES, INC.
Ref. Number: W11000055980

We have received your document for SOUTH FLORIDA ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 311A00024938

COVER LETTER

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

SUBJECT: SOUTH FLORIDA ENTERPRISES, 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: **PETER WOOD**

Name (Printed or typed)

1350 SHEELER ROAD

Address

APOPKA, FL 32703

City, State & Zip

407-814-4809

Daytime Telephone number

SOUTHFLORIDAENTERPRISES@YAHOO.COM

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

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TALLAHASSEE, FLORIDA

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: **KEY WEST CAPITAL, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1350 SHEELER ROAD
APOPKA, FL 32703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
EQUIPMENT MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **KEVIN D. SCHILLING, PRESIDENT**
Address: **1350 SHEELER ROAD**
APOPKA, FL 32703

Name and Title: _____
Address: _____

Name and Title: **PETER WOOD**
Address: **1350 SHEELER ROAD**
APOPKA, FL 32703

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: **PETER WOOD**
Address: **1350 SHEELER ROAD**
APOPKA, FL 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PETER WOOD**
Address: **1350 SHEELER ROAD**
APOPKA, FL 32703

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

Peter Wood

Required Signature/Registered Agent

11/16/11
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.

Peter Wood

Required Signature/Incorporator

11/16/11
Date

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TALLAHASSEE, FLORIDA