

P120000048660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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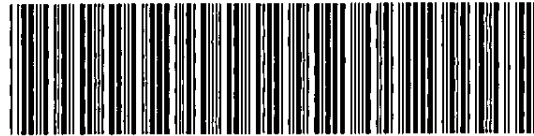
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 23 PM 2:15

## COVER LETTER

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

SUBJECT: Key West Consulting, 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: Dawn M. Fiorese

Name (Printed or typed)

5101 SW 60th St. Rd. Apt 3206

Address

Ocala, Florida 34474

City, State & Zip

786-234-8774

Daytime Telephone number

keywest1960@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** Key West Consulting, Inc.  
The name of the corporation shall be:

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
303 S.E. 17th Street  
Suite 309  
Ocala Fl. 34471

Mailing address, if different is:

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Management Consulting

## **ARTICLE IV SHARES**

The number of shares of stock is: One Million

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dawn M. Fiorese, President  
Address: 5101 SW 60th Street Rd. Apt 3206  
Ocala, Florida 34474

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Dawn M. Fiorese, Secretary  
Address: 5101 SW 60th Street Rd. Apt 3206  
Ocala, Florida 34474

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Dawn M. Fiorese, Treasurer  
Address: 5101 SW 60th Street Rd. Apt 3206  
Ocala, Florida 34474

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: Dawn M. Fiorese  
Address: 5101 SW 60th Street Rd. Apt 3206  
Ocala, Florida 34474

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dawn M. Fiorese  
Address: 5101 SW 60th Street Rd. Apt 3206  
Ocala, Florida 34474

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

Dawn M. Fiorese

Required Signature/Registered Agent

May 22, 2012

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.

Dawn M. Fiorese

Required Signature/Incorporator

May 22, 2012

Date

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