

COVER LETTER

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

SUBJECT: Keys Gate Recovery, 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mario J. Garcia
Name (Printed or typed)

23401 SW 154 Ave
Address

Homestead, FL 33032
City, State & Zip

305-345-0355
Daytime Telephone number

airrescue@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 Gate Recovery, Inc.**

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
23401 SW 154 Ave
Homestead, FL 33032

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert G Harden / President	Name and Title: _____
Address: 9260 SW 142 ST	Address: _____
Miami, FL 33176	_____
_____	_____

Name and Title: Mario Garcia / Treasurer	Name and Title: _____
Address: 23401 SW 154 Ave	Address: _____
Homestead, FL 33032	_____
_____	_____

Name and Title: Juan Pug / Secretary	Name and Title: _____
Address: 18768 SW 79 Ave	Address: _____
Miami, FL 33157	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Mario Garcia
Address: 23401 SW 154 Ave
Homestead, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario Garcia
Address: 23401 SW 154 Ave
Homestead, FL 33032

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

Mario J Garcia Required Signature/Registered Agent 11-30-12
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.

Mario J Garcia Required Signature/Incorporator 11-30-12
Date