

P12000103526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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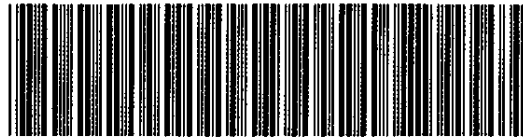
(Business Entity Name)

(Document Number)

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12 DEC 21 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/26

8

COVER LETTER

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

SUBJECT: **Keys Gate Community 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **Mario Garcia**

Name (Printed or typed)

23401 SW 154 Ave

Address

Homestead, FL 33023

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 Community Recovery, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
23401 SW 154 Ave
Homestead, FL 33023

Mailing address, if different is:

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
Address: 9260 SW142 ST
Miami, FL 33176

Name and Title: _____
Address: _____

Name and Title: Mario Garcia / Treasurer
Address: 23401 SW 154 Ave
Homestead, FL 33023

Name and Title: _____
Address: _____

Name and Title: Juan Pug / Secretary
Address: 18768 SW 79 Ave
Miami, FL 33176

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: Mario Garcia
Address: 23401 SW 154 Ave
Homestead, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mario Garcia
Address: 23401 SW 154 Ave
Homestead, FL 33023

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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 Garcia

Required Signature/Registered Agent

12-18-12

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 Garcia

Required Signature/Incorporator

12-18-12

Date