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· (Re	equestor's Name)	
(Ac	ddress)	
·	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
	usiness Entity Na	
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



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SECRETARY OF STATE
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COVER ETTER

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

SUBJECT: All Keys Title and Notary Services, The (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00	\$78.75	\$78.75	■ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
–	& Certificate of Status	& Certified Copy	Certified Cop
		1	& Certificate
			Status
		ADDITIONAL CO	PY REQUIRE

DOM:	April Motley
KOWI.	Name (Printed or typed)
	1082 82nd Street
	Address
	Marathon, FI, 33050
	City, State & Zip
	305-393-1829
	Daytime Telephone number
	Firstmateapril@aol.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)

The name of the corpora	ME All Keys Title ar	ر d Notary Services	Inc.
	INCIPAL OFFICE Principal street address	Mailing address	
Marathon, FI	33050		
ARTICLE III PUR The purpose for which	PPOSE the corporation is organized is: Title I	nsurance and Notary	Services
			SIDE OF
	TIAL OFFICERS AND/OR DIRECT	 ORS	PHI2: 20
	April Motley-president 1082 82nd Street	Name and Title:	
Address	Marathon, FL. 33050	Address:	
Name and Title	e:	Name and Title:	
Address		Address:	
Name and Title	e:	Name and Title:	
Address		Address:	
		-	

Name a	nd Title:	Name and Title:
Addres	ss	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	April Motley	<u></u>
Address:	1082 82nd Street	
	Marathon, FL 33050	
ARTICLE VII The name and a	INCORPORATOR address of the Incorporator is:	
Name:	April Motley	
Address:	1082 82nd Street	
	Marathon, FI 33050	
	I am familiar with and accept the appointment as	
	Required Signature/Registered Agent	4-14-14
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	4-14-14 Date
	required Signature/incorporator	Date