

P15000040791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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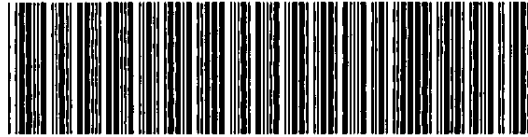
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAY - 1 AM 10:33
SERIALS
FALL 2015
TALL 2015

COVER LETTER

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

SUBJECT: Key Midwest, 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: Henry P. Hoffman

Name (Printed or typed)

1806 Pass A Grille Way, #3

Address

St. Pete Beach, FL 33706

City, State & Zip

(417) 434-1782

Daytime Telephone number

hankhoffman73@yahoo.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: Key Midwest, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1806 Pass A Grille Way, #3
St. Pete Beach, FL 33706

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: holding company for transportation service providers

ARTICLE IV SHARES

The number of shares of stock is: 1,000 (par \$1.001) y

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David N. Fuselier, CEO
Address: 100 Main Street North, 208
Southbury, CT 06488

Name and Title: _____

Address: _____

Name and Title: Henry P. Hoffman, President
Address: 1806 Pass A Grille Way, #3
St. Pete Beach, FL 33706

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Henry P. Hoffman
Address: 1806 Pass A Grille Way, #3
St. Pete Beach, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry P. Hoffman
Address: 1806 Pass A Grille Way, #3
St. Pete Beach, FL 33706

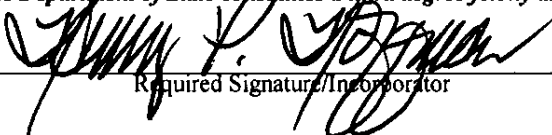
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

April 23, 2015

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.


Required Signature/Incorporator

April 23, 2015

Date

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