

PI5 0000 89516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 29 PM 1:29

## COVER LETTER

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

**SUBJECT:** keys BLINDS corp.  
Keys Blinds Corp

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Patrick Rogers  
Name (Printed or typed)  
4650 Overseas Hwy #155  
Address  
Marathon, FL. 33050  
City, State & Zip  
305-340-7250  
Daytime Telephone number  
Keysblinds@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 Blinds Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4650 Overseas Hwy.  
Marathon, Fl. 33050

Mailing address, if different is:  
5409 Overseas Hwy #155  
Marathon, Fl. 33050

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Installation of interior blinds and shutters

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Patrick Rogers ~~is~~ PRESIDENT

Address 5409 Overseas Hwy #155  
Marathon Fl, 30050

Name and Title: Joanne Rogers ~~is~~ VICE PRESIDENT

Address: 5409 Overseas Hwy  
Marathon Fl. 33050

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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: Patrick Rogers  
Address: 5409 Overseas Hwy #155  
Marathon Fl. 33050

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Patrick Rogers  
Address: 5409 Overseas Hwy #155  
Marathon fl. 33050

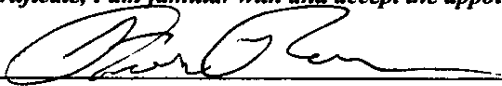
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

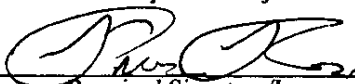


Required Signature/Registered Agent

10/21/15

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

10/21/15

Date