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TALLAHASSEE, FLORIDA  
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W16000025124

W16

Key Marketing Services Inc.  
929 SW Santa Barbara PL  
Cape Coral, FL 33991

February 5, 2016

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Key Marketing Services Inc  
EIN: 27-2082276  
P10000019569

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TALLAHASSEE, FLORIDA  
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Dear Ladies and Gentlemen,

This letter is to inform you that we are releasing the name Key Marketing Services, Inc. and we have no intention of reinstating as a new corporation.

We respectfully request that you update your records accordingly. If you have any further questions please feel free to call my office at (515)447-6319.

We are making application as a new corporation in the State of Florida. Please see the enclosed application along with the appropriate filing fee.

Sincerely,

 2-6-16

Chad W. Morgan  
President

Enclosures

RECEIVED  
16 MAR 31 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2016

CHAD W MORGAN  
929 SW SANTA BARBARA PL  
CAPE CORAL, FL 33991

SUBJECT: KEY MARKETING SERVICES INC  
Ref. Number: W16000025124

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TALLAHASSEE, FLORIDA  
16 MAR 30 PM 2:01

We have received your document for KEY MARKETING SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P10000019569.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 116A00006935

## COVER LETTER

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

**SUBJECT:** KEY MARKETING SERVICES 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:** CHAD W MORGAN

Name (Printed or typed)

929 SW SANTA BARBARA PL

Address

CAPE CORAL, FL 33991

City, State & Zip

515-447-6319

Daytime Telephone number

MHOOVER@ALEXANDERHOOVER.COM

E-mail address: (to be used for future annual report notification)

16 MAR 30 PM 2:01

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 MARKETING SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

929 SW SANTA BARBARA PL

CAPE CORAL, FL 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CHAD W MORGAN

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

Address 929 SW SANTA BARBARA

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

CAPE CORAL, FL 33991

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA  
16 MAR 30 PM 2:01

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: MICHELE M HOOVER, CPA

Address: 6361 PRESIDENTIAL COURT SUITE A

FORT MYERS, FL 33919

**ARTICLE VII INCORPORATOR**

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

Name: CHAD W MORGAN

Address: 929 SW SANTA BARBARA PL

CAPE CORAL, FL 33991

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**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*

✓ Michele M. Hoover CPA  
Required Signature/Registered Agent

✓ 2/8/16  
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.*

✓ [Signature]  
Required Signature/Incorporator

✓ 2/10/16  
Date