

P160000416387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

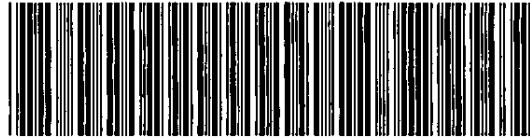
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300285896503

05/19/16--01021--010 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 19 AM 8:38

[Handwritten signature]

COVER LETTER

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

SUBJECT: KEY CONNEXUS LLC.
(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: MARIO MATEUS
Name (Printed or typed)

16329 EMERALD COVE RD.
Address

WESTON, FL 33331
City, State & Zip

954 - 842 - 8244
Daytime Telephone number

mariomateusa@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 19 AM 8:38

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 CONNEXUS LLC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16329 EMERALD COVE RD.

WESTON, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTION OF SOFTWARE AND HARDWARE,
CONSULTING SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO MATEUS /GRAL MANAGER Name and Title: TATIANA VALCARCEL /MEMBER

Address 16329 EMERALD COVE RD. Address: 16329 EMERALD COVE RD.

WESTON, FL 33331 WESTON, FL 33331

Name and Title: JUAN R. MARQUEZ /MEMBER Name and Title: ANDREA MARQUEZ-LUENGO /MEMBER

Address 814 TULIP CIR. Address: 814 TULIP CIR.

WESTON, FL 33327 WESTON, FL 33327

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 19 AM 8:38

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: MARIO MATEUS
Address: 16329 EMERALD COVE RD.
WESTON, FL 33331

ARTICLE VII INCORPORATOR

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

Name: JUAN R. MARQUEZ
Address: 814 TULIP CIR.
WESTON, FL 33327

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

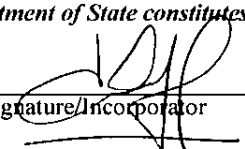


Required Signature/Registered Agent

05/06/16

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.


Required Signature/Incorporator

05/06/16

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 19 AM 8:38