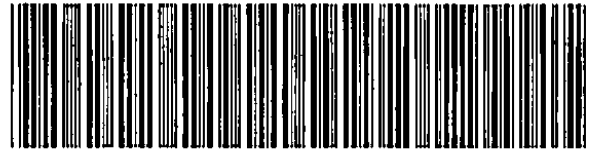


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03/01/18--01014--004 **70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

D O'KEEFE
MAR 06 2018

COVER LETTER

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

SUBJECT: Keyla Flowers, 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: Evelin Alonso
Name (Printed or typed)

1255 West 49 Street, Apt. C102
Address

Hialeah, Florida 33012
City, State & Zip

305-389-5583
Daytime Telephone number

evelinalonso19@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: Keyla Flowers, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1255 West 49 Street, #C102
Hialeah, Florida 33012
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful purposes.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tebelio Alonso, Presidente</u>	Name and Title:	<u>Evelin Alonso, VP/Sec./Tres.</u>
Address	<u>1255 West 49 Street, Apt. C102</u> <u>Hialeah, Florida 33012</u>	Address:	<u>1255 West 49 Street, Apt. C102</u> <u>Hialeah, Florida 33012</u>

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

Name and Title:	_____	Name and Title:	_____
Address	_____	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: Tebelio Alonso
 Address: 1255 West 49 Street, Apt. C102
Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Evelin Alonso
 Address: 1255 West 49 Street, Apt. C102
Hialeah, Florida 33012

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 TALLAHASSEE, FLORIDA

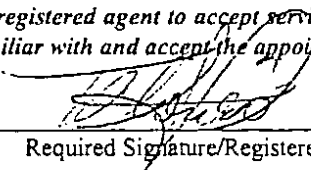
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2-26-18 (OPTIONAL)

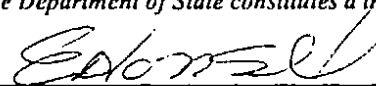
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:


 _____ 2-26-18
 Required Signature/Registered Agent 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.


 _____ 2-26-18
 Required Signature/Incorporator Date