

P19000087305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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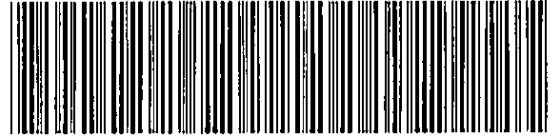
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 NOV 25 AM 11:48

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Nov 26 2019  
Tallahassee

## COVER LETTER

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

SUBJECT: KEY FOCUS 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  
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: EMANUELLE OLIVEIRA - CSG CAPITAL SERVICES GROUP INC  
Name (Printed or typed)

1191 E NEWPORT CENTER DRIVE SUITE 103  
Address

DEERFIELD BEACH, FL 33442  
City, State & Zip

954.427.4770  
Daytime Telephone number

EMANUELLE@THEWAYGROUP.BIZ  
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 FOCUS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4402 NW 75TH TERRACE

SAME AS PRINCIPAL

CORAL SPRINGS, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CAR ELECTRICAL, MECHANICS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: FABIANO V. CHAVES, P

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

Address 4402 NW 75TH TERRACE

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

CORAL SPRINGS, FL 33065

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 NOV 25 AM 11:48

FILED

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: MARCOS REZENDE - CSG CAPITAL SERVICES GROUP INC  
Address: 1191 E NEWPORT CENTER DRIVE SUITE 103  
DEERFIELD BCH, FL 33442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FABIANO V. CHAVES  
Address: 4402 NW 75TH TERRACE  
CORAL SPRINGS, FL 33065

**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 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*

\_\_\_\_\_  
Required Signature/Registered Agent

11/25/2019  
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.*

F. Chaves  
Required Signature/Incorporator

11/25/2019  
Date