

P21 0000 47568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

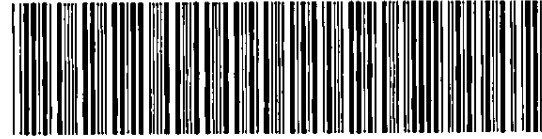
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAY 19 AM 11:40

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ALLAHASSEE, FLOR.

2021 MAY 19 PM 2:25

RECEIVED

*Handwritten signature*

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KEYS BASIN II, CORP.

Signature

Requested by: SETH

Name \_\_\_\_\_

Date \_\_\_\_\_

Time

Walk-In

Will Pick Up

174 Ponder's Printing • Thomaston, GA BROC

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark\_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File\_\_\_\_\_

RA Resignation\_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_ f

Annual Report / Reinstatement\_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy\_\_\_\_\_

Certificate of Good Standing\_\_\_\_\_

Certificate of Status\_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search\_\_\_\_\_

Officer Search\_\_\_\_\_

Fictitious Search\_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search\_\_\_\_\_

Driving Record\_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search\_\_\_\_\_

UCC 11 Retrieval\_\_\_\_\_

Courier \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Keys Basin II 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:** Iris I Romero

Name (Printed or typed)

7750 SW 117th Avenue, Suite 301

Address

Miami, FL 33183

City, State & Zip

(305) 608-5209

Daytime Telephone number

irisiromero@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 Basin II Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7750 SW 117th Avenue, Suite 301

Miami, FL 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized for any legal purpose whatsoever  
and any businesses permitted under the laws of the United States and under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Cristian Graziano, President Name and Title: \_\_\_\_\_

Address 7750 SW 117th Avenue, Suite 301 Address: \_\_\_\_\_

Miami, FL 33183 \_\_\_\_\_

Name and Title: Nestor Miguel, Secretary Name and Title: \_\_\_\_\_

Address 7750 SW 117th Avenue, Suite 301 Address: \_\_\_\_\_

Miami, FL 33183 \_\_\_\_\_

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: Iris I. Romero

Address: 7750 SW 117th Avenue, Suite 301

Miami, FL 33183

**ARTICLE VII INCORPORATOR**

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

Name: Iris I. Romero

Address: 7750 SW 117th Avenue, Suite 301

Miami, FL 33183

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/17/2021 (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

05/18/2021  
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

05/18/2021  
Date

2021 MAY 19 4 14 PM