

05/25/20

14:47

305 28 446

LAZARUS CORPORATE

01/03

P21000049536

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000202503 3)))



H210002025033ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
KEYSTONE BA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS

21 MAY 26 PM 7:07

2021 MAY 24 PM 3:38

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: KEYSTONE BA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2333 BRIKELL AVE APT 511 MIAMI FL 33129**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: GUSTAVO VARGA PName and Title: MIRTA HAYDÉE TELLA VPAddress: 2333 BRIKELL AVE APT 511
MIAMI FL 33129Address: 2333 BRIKELL AVE APT 511
MIAMI FL 33129Name and Title: VERONICA SOFIA VAN DEN BOSCH VPName and Title: GERMAN CIRUDNY DAddress: 2333 BRIKELL AVE APT 511
MIAMI FL 33129Address: 2333 BRIKELL AVE APT 511
MIAMI FL 33129

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GUSTAVO VARGA
Address: 2333 BRIKELL AVE APT 611
MIAMI FL 33129

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GUSTAVO VARGA
Address: 2333 BRIKELL AVE APT 611
MIAMI FL 33129

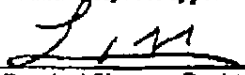
ARTICLE VIII EFFECTIVE DATE:

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

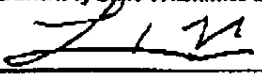


Required Signature/Registered Agent

5/19/21

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.817.153, F.S.



Required Signature/Incorporator

5/19/21

Date