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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
KEYSTONE BUILDERS GROUP INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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HL

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H22000091803

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 BUILDERS GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
241 SE SEVENTH STREET
POMPAÑO BEACH, FL 33060Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

_____**ARTICLE IV SHARES**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MICHAEL BENNARDO - PRESIDENTAddress 21 NORTHGATE DRIVE
GREENLAWN, NY 11740

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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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: MICHAEL BENNARDO

Address: 241 SE SEVENTH STREET

POMPANO BEACH, FL 33060

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHAEL BENNARDO

Address: 21 NORTHGATE DRIVE

GREENLAWN, NY 11740

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TALLAHASSEE, FLORIDA


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

	MARCH 10, 2022
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.

	MARCH 10, 2022
Required Signature/Incorporator	Date

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