# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314 KEYLINE, INC. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee, Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED AUDREY LIMA FROM: Name (Printed or typed) 207 PIRATES DRIVE Address KEYLARGO, FLORIDA 33037 City, State & Zip 852-7282

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be: KEYLINE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

KEYLINE, INC.

207 PIRATES DRIVE

KEYLARGO, FLORIDA 33037

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# INITIAL REGISTERED AGENT AND STREE

The name and Florida street address of the initial registered agent are:

AUDREY LIMA

207 PRATES DRIVE

KEY LARGO, FLORIDA

## INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

AUDREY LIMA

207 PIRATES DRIVE

33637 KEY LARGO, FLORIDA

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the

obligations of my position as registered agent

Signature/Registered Agent