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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

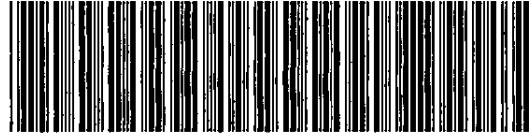
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 18 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEYSTONE ICM GROUP CORPORATION
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KELLY STRACHAN
(Name of Person)

STRACHAN-KHAN REGISTERED AGENTS
(Firm/Company)

4700 N.W. BOCA RATON BLVD., SUITE 304
(Address)

BOCA RATON, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

KELLY STRACHAN at (561) 241-9991
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

- 1. KEYSTONE ICM GROUP CORPORATION
(Name of alien business organization)
- 2. ISLAND OF NEVIS (State or country under which entity is organized)
- 3. 98-1202179 (FEI Number, if applicable)
- 4. C/O 4710 N.W. BOCA RATON BLVD., SUITE 101, BOCA RATON, FL 33431
(Principal office address)

5. Name and Florida Street address of registered agent.

STRACHAN-KHAN REGISTERED AGENTS IM
4700 N.W. BOCA RATON BLVD., SUITE 304
BOCA RATON, FL 33431

6. The street address of the registered office and the street address of the business office of the registered agent are identical

Carla Roux
(Signature of chairman, vice chairman, or officer)

8. CARLA ROUX
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Kelly Strachan
(Registered agent accepting appointment)

3/10/2016
(Date)

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TALLAHASSEE, FLORIDA

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**