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COVER'LETTER

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

SUBJECT: Transfering an Ohio Corp. to FL

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Name (printed or typed)

Address

City, State & Zip

Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

Th	e undersigned, Mary Katherine Bonecutter	President		
	(Name)	(Title)		
of	Katie Hixon Interiors, Inc.	a foreign corporation,		
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	certify:		
1.	The date on which corporation was first formed was	arch 23, 1992		
2.	The jurisdiction where the above named corporation was came into being was State of Ohio	first formed, incorporated, or otherwise		
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Katie Hixon Interiors, Inc.			
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Katie Hixon Interiors, Inc.			
5.	. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Franklin County, Ohio			
6.	Attached are Florida articles of incorporation to complete to s. 607.1801.	the domestication requirements pursuant		
I aı	m Mary Katherine Bonecutter , of Katie Hixon Interiors, I	nc.		
	d am authorized to sign this Certificate of Domestication o	n behalf of the corporation and have done		
	Mary Hatheuse Of Authorized Signature			
	Filing Fee: Certificate of Domestication	\$ 50.00		
	Celuncate of Domestication	Þ 50.00		

Articles of Incorporation and Certified Copy

Total to domesticate and file

<u>\$ 78.75</u>

\$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Katie Hixon Interiors, Inc.		
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address 359 Point Pleasant Drive	Mailing Address	
<u> </u>		
St. Augustine, FL 32086		
		
ARTICLE III PURPOSE		
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZE	CD:	
Interior design consulting and sales of furni		
Sec. 1.1.		······································
	<u> </u>	

Title/Name President, Mary Katherine Bonecutter	Title/Name
359 Point Pleasant Drive	
St. Augustine, FL 32086	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mary Katherine Bonecutter 359 Point Pleasant Drive St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Mary Katherine Bonecutter

359 Point Pleasant Drive

St. Augustine, FL 32086

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Mary Katherine Boxecutter
Signature/Registered Agent

March 21, 2016 Date

They Kathen

March 21, 2016

Date