

# P010000069492

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

## FLORIDA PROFIT CORPORATION OR P.A.

KRISTIANNA'S, INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 007 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Kristianna's, Inc.***ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1000 Immoklee Rd  
Suite 6  
Naples FL 34110***ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Hair & Beauty Salon***ARTICLE IV SHARES**

The number of shares of stock is:

*1000***ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

*Louis E. Selman  
Patricia Schoppert Selman  
1566 Mullet Ln  
Naples FL 34102***ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*LOUISE Selman  
1566 Mullet Ln.  
Naples FL 34102***ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

*Louis E. Selman  
1566 Mullet Ln  
Naples, FL 34102*

\*\*\*\*\*  
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

*Louis E. Selman*  
Signature/Registered Agent

Date

*7-12-01**Louis E. Selman*  
Signature/Incorporator

Date

*7-12-01*SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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