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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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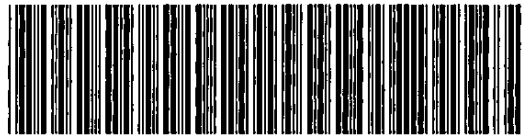
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/18/07
SMD

COVER LETTER

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

SUBJECT: Kathy Leonard, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kathryn K. Leonard

Name (Printed or typed)

2024 Crown Drive

Address

St. Augustine, Florida 32092

City, State & Zip

904-540-3022

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Kathy Leonard, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2024 Crown Drive
St. Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred Shares, Common Stock; No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kathryn K. Leonard, President & Director
2024 Crown Drive
St. Augustine, FL 32092

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kathryn K. Leonard
2024 Crown Drive
St. Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathryn K. Leonard
2024 Crown Drive
St. Augustine, FL 32092

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

Kathryn K. Leonard
Signature/Registered Agent

7-15-07
Date

Kathryn K. Leonard
Signature/Incorporator

7-15-07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA