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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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277

COVER LETTER

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

SUBJECT: KATERINE HAIR SALON 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: MAXIMA GARCIA
Name (Printed or typed)

8090 ATLANTIC BLVD APT B 293
Address

JACKSONVILLE FL 32211
City, State & Zip

904 405 9530
Daytime Telephone number

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

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: **KATERINE HAIR SALON INC.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

PRINCIPAL STREET ADDRESS

3491 PALL MALL DR

JACKSONVILLE FL 32257

MAILING ADDRESS:

8090 ATLANTIC BLVD APT B 293

JACKSONVILLE, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR WORKS, HAIR CUT, WAX, MASSAGE, KERATIN, PEDICURE, MANICURE, AND COSMETOLOGY IN GENERAL

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAXIMA GARCIA

8090 ATLANTIC BLVD APT B 293

JACKSONVILLE, FL 32211

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

MAXIMA GARCIA

8090 ATLANTIC BLVD APT B 293

JACKSONVILLE, FL 32211

REGISTERED AGENT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAXIMA GARCIA

8090 ATLANTIC BLVD APT B 293

JACKSONVILLE, FL 32211

INCORPORATOR

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

Maxima Garcia MAXIMA GARCIA
Signature/Registered Agent

10/08/09
Date

Maxima Garcia MAXIMA GARCIA
Signature/Incorporator

10/08/09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA