

P11000086921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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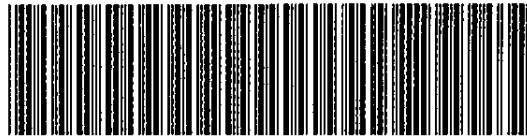
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 OCT -3 PM 1:06

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## COVER LETTER

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

SUBJECT: Katrina Customer Care Services, 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:

Trena Hughes

Name (Printed or typed)

15255 Harrowgate Way

Address

Winter Garden FL 34787

City, State & Zip

407-138-0259

Daytime Telephone number

BMW Blues48@yahoo.com

~~BMW Blues48@yahoo.com~~

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

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**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: Katrina Customer Care Services, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15255 Harrowgate Way  
Winter GARDEN FL  
34787

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sales and Customer Care Services.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Trena V. Hughes, Owner  
Address: 15255 Harrowgate Way  
Winter GARDEN FL 34787

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Trena Hughes  
Address: 15255 Harrowgate Way  
Winter Garden FL 34787

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Trena Hughes  
Address: 15255 Harrowgate Way  
Winter GARDEN FL 34787

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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

Trena Hughes  
Required Signature/Registered Agent

9/26/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Trena Hughes  
Required Signature/Incorporator

9/26/11  
Date