

P120000012345

(Requestor's Name)

(Address)

(Address)

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☐ 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

Special Instructions to Filing Officer:

Karl Hudson **GAME**

AUTHORIZATION BY PHONE TO

CORRECT Articles I + IV

DATE 2/6/12

DOC. EXAM MRS

Office Use Only

MRD
2/6/12

COVER LETTER

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

SUBJECT: Karlibird Cuts 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: Karli Hudson
Name (Printed or typed)
1400 E Las Olas BLVD
Address
Fort Lauderdale, FL 33301
City, State & Zip
954-655-6048
Daytime Telephone number
Karlibird81@gmail.com
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: Karlbird Cuts Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1400 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tax purposes

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karli Hudson CEO
Address: 1400 E LAS OLAS BLVD
FORT LAUDERDALE FL
33301

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: Karli Hudson
Address: 1400 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karli Hudson
Address: 1400 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

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

Karli Hudson
Required Signature/Registered Agent

Jan 28, 2012
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.

Karli Hudson
Required Signature/Incorporator

Jan 28, 2012
Date

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TALLAHASSEE, FLORIDA