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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

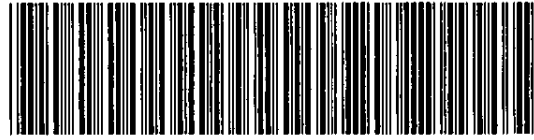
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 MAR 29 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

FORMAN, HANRATTY, THOMAS & MONTGOMERY

ATTORNEYS AT LAW

www.eminentdomainfl.com

CHARLES R. FORMAN
JOSEPH M. HANRATTY
MICHAEL B. MONTGOMERY*†
VANESSA THOMAS*

*Also Licensed in Alabama
†Licensed also in Hawaii & California
*Of Counsel

March 28, 2012

Reply to: Ocala

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

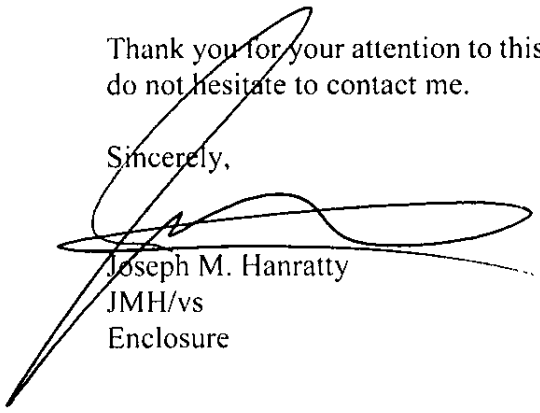
Re: Kimberly's Hair Styles, Inc.

Dear Sirs:

Enclosed please find an original Cover Letter from Kimberly's Hair Styles, Inc. along with a check for \$78.75 for the filing fee and Certificate of Status. Please return the Certificate of Status to the law office of Forman, Hanratty, Thomas & Montgomery, 723 E. Ft. King Street, Ocala, FL 34471.

Thank you for your attention to this matter. Should you require any additional information, please do not hesitate to contact me.

Sincerely,



Joseph M. Hanratty

JMH/vs

Enclosure

COVER LETTER

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

SUBJECT: Kimberly's Hair Styles, 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: Kimberly Ann Lougheed
Name (Printed or typed)

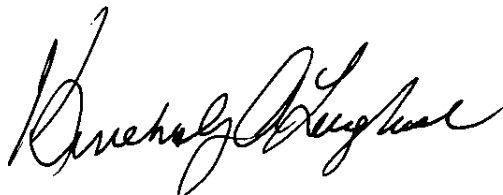
10590 E. Hwy. 25
Address

Belleview, FL 34420
City, State & Zip

352-288-4944
Daytime Telephone number

kll8sam@aol.com
E-mail address: (to be used for future annual report notification)

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



3-27-12

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

ARTICLE I NAME Kimberly's Hair Styles, Inc.
The name of the corporation shall be:

FILE #

12 MAR 29 PM 3:48

ARTICLE II PRINCIPAL OFFICE
Principal street address
10590 E. Hwy. 25
Belleview, FL 34420

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
All lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Ann Lougheed, President Name and Title: _____
Address: 10590 E. Hwy. 25 Address: _____
Belleview, FL 34420 _____

Name and Title: Joey Lougheed, Vice President Name and Title: _____
Address: 10590 E. Hwy. 25 Address: _____
Belleview, FL 34420 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Kimberly Ann Lougheed
Address: 10590 E. Hwy. 25
Belleview, FL 34420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Kimberly Ann Lougheed
Address: 10590 E. Hwy. 25
Belleview, FL 34420

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

Kimberly Ann Lougheed Required Signature/Registered Agent 3-27-12 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.

Kimberly Ann Lougheed Required Signature/Incorporator 3-27-12 Date