## P130000H233

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	. WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only -



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## **COVER LETTER**

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

SUBJECT: K C	ustom Creations	Inc.	
Schiler:		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l 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 CO	PY REQUIRED
FROM: K	aren Ockershau	sen Nichols e (Printed or typed)	
20	000 South Ocean		
		Address	
Fo	ort Lauderdale, F		
95	54-459-0753	, State & Zip	
<del></del>	Daytime 7	Telephone number	
ka	rennichols32@gma	ail.com	
		ed for future annual report	notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 2013 FEBII AM 10: 24 SETRETARY OF STATE TALLAHASSEE, FLORIDA

January 8, 2013

KAREN OCKERSHAUSEN NICHOLS 2000 S OCEAN DR. #1005 FORT LAUDERDALE, FL 33316

SUBJECT: K CUSTOM CREATIONS INC.

Ref. Number: W13000001502

We have received your document for K CUSTOM CREATIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 113A00000564

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

RTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
2000 South O	cean DR. #1005	· ·	
t. Lauderdale	e, FL 33316		
RTICLE III PUR he purpose for which t	POSE tem Designer, 1 want to the corporation is organized is:	have a business in Ramodeling, Home Staging	, Color and Furnishings Consultant and Florar Design.
		Manus 12 made	
ARTICLE IV SHA	PRS by		I3 FEB SECAC ALLAN
he number of shares of	TAL OFFICERS AND/OR DIRECTOR:	_	SET MI
he number of shares of	TAL OFFICERS AND/OR DIRECTORS  Karen Ockershausen Nichols/President  2000 South Ocean Dr. #1005	_	ASSET TO THE PROPERTY OF THE P
he number of shares of  RTICLE V INIT  Name and Title	TAL OFFICERS AND/OR DIRECTORS  Karen Ockershausen Nichols/President	Name and Title:	ASSET OF SECTION AND ADDRESS OF SECTION
he number of shares of  INTICLE V INIT  Name and Title  Address	TAL OFFICERS AND/OR DIRECTORS  Karen Ockershausen Nichols/President  2000 South Ocean Dr. #1005	Name and Title:	NSSEE FLORIDA
he number of shares of  INTICLE V INIT  Name and Title  Address	**XAL OFFICERS AND/OR DIRECTORS **Karen Ockershausen Nichols/President**  2000 South Ocean Dr. #1005  FT. Lauderdale FL 33316	Name and Title:  Address:  Name and Title:	NSSEE FLORIDA
he number of shares of  INTICLE V INTI  Name and Title  Address  Name and Title:	**XAL OFFICERS AND/OR DIRECTORS **Karen Ockershausen Nichols/President**  2000 South Ocean Dr. #1005  FT. Lauderdale FL 33316	Name and Title:  Address:  Name and Title:	NSSEE FLORIDA
Name and Title:  Address  Address	**XAL OFFICERS AND/OR DIRECTOR: Karen Ockershausen Nichols/President**  2000 South Ocean Dr. #1005  FT. Lauderdale FL 33316	Name and Title:  Address:  Name and Title:  Address:	AM III + 8
Name and Title:  Address  Address	AL OFFICERS AND/OR DIRECTOR: Karen Ockershausen Nichols/President: 2000 South Ocean Dr. #1005 FT. Lauderdale FL 33316	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	AM III + 8

	Address:	
	REGISTERED AGENT	
The <u>name and Floi</u>	rida street address (P.O. Box NOT acceptable) of the registered ag Karen Ockershausen Nichols	gent is:
Name:		
Address:	2000 South Ocean Dr. #1005	•
	Ft. Lauderdale, FL 33316	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Karen Ockershausen Nichols	
	2000 South Ocean Dr.#1005	
Address:	FT. Lauderdale, FL 33316	
	ed as registered agent to accept service of process for the above st in familiar with and accept the oppointment as registered agent and	d agree to act in this capacity
	n familtar with and accept the appointment as registered agent and	d agree to act in this capacity  1/4/2013
this certificate, Lan		d agree to act in this capacity  1/4/2013  Date  that the false information submitted in s.817.155, F.S.
this certificate, Lan	Required Signature/Registered Agent  ment and affirm that the facts stated herein are true. I am awar	d agree to act in this capacity  1/4/2013  Date  that the false information submitted
this certificate, Lan	Required Signature/Registered Agent ment and affirm that the facts stated herein are true. I am aware epartment of State constitutes a third degree felony as provided for	d agree to act in this capacity  1/4/2013  Date  that the false information submitted in s.817.155, F.S.  1/4/2013
this certificate, Lan	Required Signature/Registered Agent ment and affirm that the facts stated herein are true. I am aware epartment of State constitutes a third degree felony as provided for	d agree to act in this capacity  1/4/2013  Date  that the false information submitted in s.817.155, F.S.  1/4/2013  Date
this certificate, Lan	Required Signature/Registered Agent ment and affirm that the facts stated herein are true. I am aware epartment of State constitutes a third degree felony as provided for	d agree to act in this capacity  1/4/2013  Date  that the false information submitted in s.817.155, F.S.  1/4/2013

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

Name and Title:\_\_\_