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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 6 AM 9:01

5/9/14

COVER LETTER

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

SUBJECT: Kyra's Hair Designs, 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kyra F. Lewis

Name (Printed or typed)

2289 Harlan Avenue

Address

Fort Walton Beach, FL 32547

City, State & Zip

850-974-3630

Daytime Telephone number

kyranlusa@cox.net

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: Kyra's Hair Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2289 Harlan Avenue

Fort Walton Beach, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hair salon services via booth rental at established salon.

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ARTICLE IV SHARES

The number of shares of stock is: 100 common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kyra F. Lewis-President

Name and Title: _____

Address 2289 Harlan Avenue

Address: _____

Fort Walton Beach, FL

32547

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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:

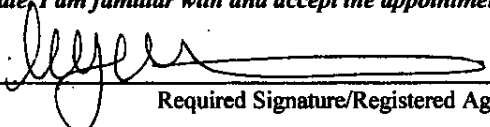
Name: Kyra F. Lewis
Address: 2289 Harlan Avenue
Fort Walton Beach, FL 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Kyra F. Lewis
Address: 2289 Harlan Avenue
Fort Walton Bch, FL 32547

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

o 
Required Signature/Registered Agent

o 30 April 2014
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.

o 
Required Signature/Incorporator

o 30 April 2014
Date