

P15000042858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

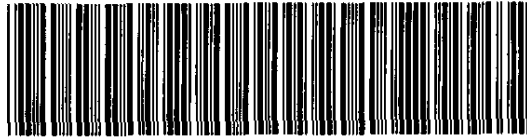
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Kathy Curtis Voice Overs, 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: Kathryn A. Leanes

Name (Printed or typed)

324 Phlox Drive

Address

Palm Harbor, FL 34684

City, State & Zip

727-787-1063

Daytime Telephone number

kathy.curtis@hotmail.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: Kathy Curtis Voice Overs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

324 Phlox Drive

Palm Harbor, Florida

34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for professional corporation.

For business practices; to operate, provide professional services
and compete in the Voice Over industry.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kathryn A. Leanes

Name and Title: _____

Address 324 Phlox Drive
Palm Harbor, Florida
34684

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: Kathryn A. Leanes
Address: 324 Phlox Drive
Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathryn A. Leanes
Address: 324 Phlox Drive
Palm Harbor, FL 34684

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

Kathryn A. Leanes

Required Signature Registered Agent

4/20/15

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.

Kathryn A. Leanes

Required Signature/Incorporator

4/20/15

Date