

P16000034191

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W16-25171~~

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16 APR 15 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: CLK, 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: Cathy Lynn Knight

Name (Printed or typed)

251 Raymond Road

Address

HAVANA, FL 32333

City, State & Zip

850-566-1616 - Theresa M. Briggs

Daytime Telephone number

theresa.briggs33@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2016

CATHY LYNN KNIGHT
251 RAYMOND ROAD
HAVANA, FL 32333

SUBJECT: CLK, INC
Ref. Number: W16000025171

We have received your document for CLK, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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 the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 816A00006956

ARTICLE I NAME

The name of the corporation shall be:

CLK Hair, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

251 Raymond Road

HAVANA, FL 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

formal structure of hair stylist

business.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Cathy L Knight
Owner

Name and Title:

Address

251 Raymond Road
HAVANA, FL 32333

Address:

Name and Title:

Theresa M Briggs
Secretary/Treasurer

Name and Title:

Address

251 Raymond Rd
HAVANA, FL 32333

Address:

Name and Title:

Name and Title:

Address

Address:

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16 APR 15 PM 4:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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16 APR 15 PM 4:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cathy Lynn Knight
Address: 251 Raymond Rd
HAVANA, FL 32333

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Theresa M Briggs
Address: 1914 Hideaway Ct
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/8/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Cathy Lynn Knight 3-28-2016
Required Signature/Registered Agent 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.

Theresa M Briggs 3/28/2016
Required Signature/Incorporator Date