

P16000061087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

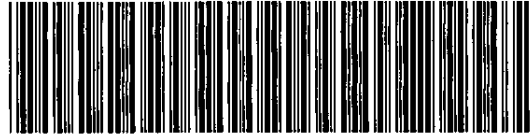
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/16--01031--003 **87.50

COVER LETTER

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

SUBJECT: KRISTIN PERRY 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: Ashleigh Perry

Name (Printed or typed)

704 S. Spring St

Address

Los Angeles, CA 90014

City, State & Zip

Daytime Telephone number

shop@kristinperry.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: KRISTIN PERRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 PACIFIC PLACE #H

MERRITT ISLAND, FL 32953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business

Corporation act.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ASHLEIGH PERRY/ PRESIDENT/TREA

Name and Title:

Address 704 S SPRING STREET

Address:

LOS ANGELES, CA 90014

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: ASHLEIGH PERRY
Address: 105 PACIFIC PLACE #H
MERRITT ISLAND, FL 32953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ASHLEIGH PERRY
Address: 704 S SPRING STREET
LOS ANGELES, CA 90014

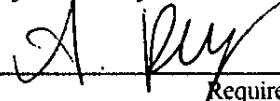
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

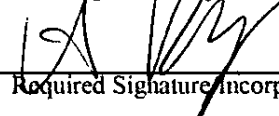


Required Signature/Registered Agent

7/11/2016

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.



Required Signature/Incorporator

7/11/2016

Date