

P190000047584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

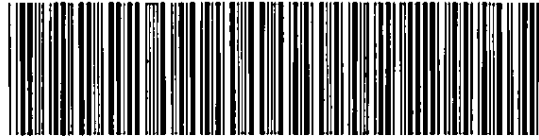
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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C RICO
MAY 31 2019

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
MAY 31 PM 3:53

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: KATES KUTS INC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

KATHERINE OWENS

Contact Person

KATES KUTS

Firm/Company

27970 CROWN LAKE BLVD SUITE 4

Address

BONITA SPRINGS, FL 34135

City, State and Zip Code

kateskuts@live.com

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

For further information concerning this matter, please call:

KATHERINE OWENS

at (239)

333-9732

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
DIVISION OF CORPORATIONS
JAN 31 PM 3:53

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

KATES KUTS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

L12000018572

(Enter state, or if a non-U.S. entity, the name of the country)

on JUNE 1, 2012

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

KATES KUTS INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: MAY 17, 2019

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

NOTED
DEPT. OF STATE
19 JUL 31 PM 3:53

Signed this 17TH day of MAY, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: K Owens

Printed Name: KATHERINE OWENS Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: K Owens

Printed Name: KATHERINE OWENS Title: OWNER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: KATES KUTS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

27970 CROWN LAKE BLVD SUITE 4

BONITA SPRINGS, FL 34135

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR SALON & SPA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHERINE OWENS, PRESIDENT

Address: 27970 CROWN LAKE BLVD SUITE 4

BONITA SPRINGS, FL 34135

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 MAR 01 PM 4:03

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

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

Name: FRED TENORIO
Address: 27499 RIVERVIEW CENTER
BONITA SPRINGS, FL 34134

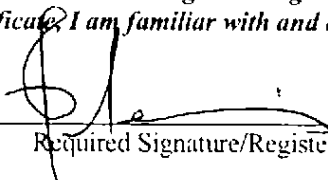
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KATHERINE OWENS
Address: 27970 CROWN LAKE BLVD SUITE 4
BONITA SPRINGS, FL 34135

2019 MAY 31 PM 4:05
DIVISION OF CORPORATE FILINGS

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

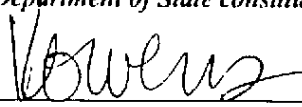


Required Signature/Registered Agent

MAY 17, 2019

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

5/28/19

Date