

P21000014735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

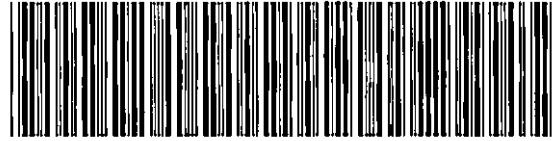
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/18/21--01001--004 \*\*87.50

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2021 FEB 17 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

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(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Kat Johnson Hair Artistry Inc  
Name Document Number (if known)

☒ Walk in ☐ Will wait

☒ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☒ INC

☐ OTHER - Corp

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion

☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority

☐ APOSTIL ( ) ☐ COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Trademark  
☐ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

## COVER LETTER

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

SUBJECT: Kat Johnson Hair Artistry, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Katrina Johnson  
Name (Printed or typed)  
6546 Longleaf Branch Dr  
Address  
Jacksonville, FL 32222  
City, State & Zip  
954-802-1544  
Daytime Telephone number  
Katjohnson0929@gmail.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: Kat Johnson Hair Artistry, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
6546 Longleaf Branch Dr  
Jacksonville, FL 32222

Mailing address, if different is:  
6546 Longleaf Branch Dr  
Jacksonville, FL 32222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
for any and all lawful business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katrina Johnson (President)  
Address: 6546 Longleaf Branch Dr  
Jacksonville, FL 32222

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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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: Katrina Johnson  
Address: 6546 Longleaf Branch Dr  
Jacksonville, FL 32222

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Katrina Johnson  
Address: 6546 Longleaf Branch Dr  
Jacksonville, FL 32222

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/17/21 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Katrina Johnson  
Required Signature/Registered Agent

2/17/21  
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.*

Katrina Johnson  
Required Signature/Incorporator

2/17/21  
Date