

P11000087261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

*Solomon Island*

AUTHORIZATION BY FILING TO

CORRECT *Article I & VII*

DATE \_\_\_\_\_

DOC. EXAM \_\_\_\_\_

Office Use Only



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09/12/11--01020--017 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT -3 AM 11:46

*with 47025*  
*2010/10/11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 OCT -3 AM 11:46  
DIVISION OF CORPORATIONS

September 13, 2011

COREEN HOLMAN  
10507 BRONSON RD  
CLERMONT, FL 34711

SUBJECT: C.A.S.H INC.  
Ref. Number: W11000047075

We have received your document for C.A.S.H INC. and your check(s) totaling \$78.75. 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.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 011A00021128

## COVER LETTER

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

SUBJECT: C.A.S.H 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: Coreen Holman  
Name (Printed or typed)

10507 Bronson Rd  
Address

Clermont, FL 34711  
City, State & Zip

321-508-7033  
Daytime Telephone number

holman@artistlive.net  
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:

C.A.S.H Inc. S.A.C. H. Investments, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10507 Bronson Rd

Clermont, FL 34711

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To build wealth for the Holman generation

**ARTICLE IV SHARES**

The number of shares of stock is: 20,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title Sulieiman Holman (Chairman)

Address: 10507 Bronson Rd

Clermont, FL 34711

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

Address: \_\_\_\_\_

Name and Title Coreen Holman (Co-Chairman)

Address: \_\_\_\_\_

10507 Bronson Rd,

Clermont, FL 34711

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sulieiman Holman

Address: 10507 Bronson Rd

Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

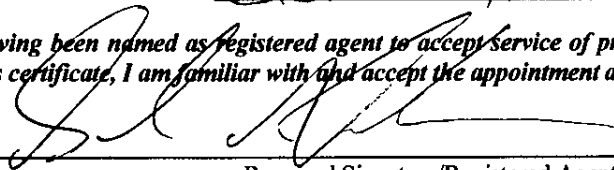
The name and address of the incorporator is:

Name: Sulieiman Holman

Address: 10507 Bronson Rd

Clermont, FL 34711

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

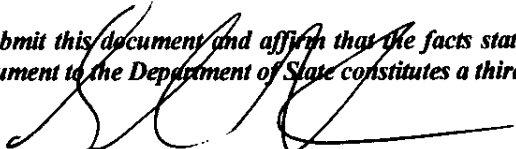


Required Signature/Registered Agent

8/16/11

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

9/28/11

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT -3 AM 11:46