

P11000094008

(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



600212221326

09/26/11--01045--009 **78.75

FILED

11 OCT 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/27

8

W100004986

COVER LETTER

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

SUBJECT: **Klasik Travel, 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: **Louinel Pierre**

Name (Printed or typed)

4183 W. Hallandale Beach Blvd

Address

West Park, FL 33023

City, State & Zip

954.251.0517

Daytime Telephone number

klasiktravel@gmail.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 24 PM 3:51

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2011

LOUINEL PIERRE
4183 W. HALLANDALE BEACH BLVD
WEST PARK, FL 33023

SUBJECT: KLASIK TRAVEL
Ref. Number: W11000049863

We have received your document for KLASIK TRAVEL 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 211A00022269

RECEIVED
11 OCT 24 AM 10:27
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME KLASIK TRAVEL Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4183 W. Hallandale Beach Blvd
West Park, FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To Provide Travel and Tourism Services

ARTICLE IV SHARES
The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louinel Pierre Vice President
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

Name and Title: Gustave Solages, Jr. Vice President
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

Name and Title: Arnold Jean-Baptiste President
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

Name and Title: Jean Rene Pierre, Vice President
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

Name and Title: Edwidge Solages Secretary
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

Name and Title: Mari-Line Benjamin, Treasurer
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

ARTICLE VI REGISTERED AGENT

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

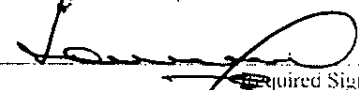
Name: Louinel Pierre
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louinel Pierre
Address: 4183 W. Hallandale Beach Blvd
West Park, FL 33023

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 And Incorporator

10/13/2011

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

10/13/2011

Date

FILED
11 OCT 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA