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ALABAMA STATE CAPITOL

MD 2/3

COVER LETTER

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

SUBJECT: DASH 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JOEL M DASH

Name (Printed or typed)

7243 DEMEDICI CIRCLE

Address

DELRAY BEACH, FLORIDA 33446

City, State & Zip

561 498-4419

Daytime Telephone number

DASHTRAVEL@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:

DASH TRAVEL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

504 ATLANTIC AVE, SUITE 209

DELRAY BEACH, FL. 33483

Mailing address, if different is:

7243 DEMEDICI CIRCLE

DELRAY BEACH, FL. 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE, ORGANIZE AND ARRANGE

TRIPS, TOURS, SIGHTSEEING, AIRLINES, CRUISES, HOTELS, CAR RENTALS, BUS

TRIPS AND ALL OTHER TRAVEL EVENTS IN THE OPERATION OF A TRAVEL AGENCY.

AIDING, ASSISTING AND PROVIDING INFORMATION FOR AND SERVICING TRAVELERS.

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CLERK OF DISTRICT COURT
DELRAY BEACH, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOEL M DASH

Name and Title:

PRESIDENT

Address

7243 DEMEDICI CIRCLE

Address:

DELRAY BEACH, FL 33446

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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: **JOEL M DASH**

Address: **7243 DEMEDICI CIRCLE**

DELRAY BEACH, FL 33446

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **JOEL M DASH**

Address: **7243 DEMEDICI CIRCLE**

DELRAY BEACH, FL 33446

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

Joel M Dash

Required Signature/Registered Agent

JAN 25, 2014

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.

Joel M Dash

Required Signature/Incorporator

JAN 25, 2014

Date