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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T2000000019

Phone Fax Number

: (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plcase.\*\*

Email	Address:		_		

## FLORIDA PROFIT/NON PROFIT CORPORATION KASA VISION CORP.

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

Help

H14000285031

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

## EFFECTIVE DATE 01/01/15

	Kasa Vision Corp.
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
_	9514 SW 140 CT
	Miami FL 33180
_	
RTIC	LE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	EDGAR R. SINCUIR (President
ART	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
	me and Florida street address (PO Box not acceptable) of the registered agent is
E	DGAR R. SINCUIR
C	1514 SW 140 CT
	11ami FL 33186
<u>ARTI</u>	CLE VI INCORPORATOR: The name and address of the Incorporator is
E	DGAR R. Sincuir
90	514 SW 140 CT
	11ami Fl 331860

## Required Signatures:

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



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.