

P150000/8329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

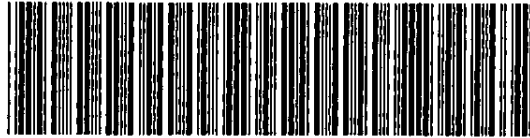
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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15 FEB 23 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

17/1

## COVER LETTER

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

SUBJECT: **KASH ENTERPRISES, 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: **BHUPENDRA PATEL**

Name (Printed or typed)

**2220 NW 54TH TERRACE**

Address

**GAINESVILLE, FLORIDA 32605**

City, State & Zip

**386-870-5209**

Daytime Telephone number

**BLUPATEL@yahoo.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: KASH ENTERPRISES, INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2220 NW 54TH TERRACE

GAINESVILLE, FL 32605

SECRETARY OF STATE  
MAILING ADDRESS  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL ACTIVITY OR BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: BHUPENDRA PATEL, PRESIDENT

Address: 2220 NW 54TH TERRACE  
GAINESVILLE, FL 32605

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

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

Name and Title: SONAL PATEL, VICE PRESIDENT

Address: 2220 NW 54TH TERRACE  
GAINESVILLE, FL 32605

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

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

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

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

APPROVED  
AND  
FILED

(cont.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: BHUPENDRA PATEL  
Address: 2220 NW 54TH TERRACE  
GAINESVILLE, FL 32605

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: BHUPENDRA PATEL  
Address: 2220 NW 54TH TERRACE  
GAINESVILLE, FL 32605

*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

2/20/15  
\_\_\_\_\_  
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

2/20/15  
\_\_\_\_\_  
Date