

Jalosa

P210000005531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

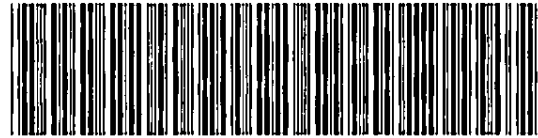
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/12/21--01015--025 **70.00

21 JAN 12 2021

J DENNIS
JAN 26 2021

AFFIDAVIT

21 JAN 12 3:11:15

BEFORE ME, the undersigned authority, on this day personally appeared **FIDEL OTHMAN**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **KASAS INC.**, a Florida corporation to be filed with the Florida Department of State on or about **January 06, 2021**.
2. The undersigned hereby consents to and authorizes the use by **KASAS INC.** of the name **KASAS INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

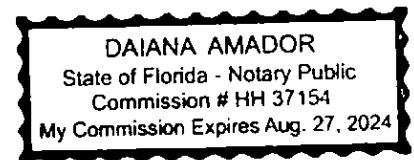
FURTHER AFFIANT SAYETH NAUGHT.

Fidel Othman
FIDEL OTHMAN

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Fidel Othman, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 06 day of **January 2021**.



[Signature]
Notary Public Signature

COVER LETTER

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

SUBJECT: KASAS 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: DAIANA AMADOR
Name (Printed or typed)

8180 NW 36 St, # 406
Address

DORAL FL 33166
City, State & Zip

305-406-3800
Daytime Telephone number

ATPLUS @LIVE.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: KASAS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5820 NW 12 Th Ave
Miami, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all LawFUL Business

ARTICLE IV SHARES

The number of shares of stock is: 100

21 JAN 12 PM 1:15

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDEL OTHMAN (P) Name and Title: _____

Address: 5820 NW 12 Th Ave Address: _____

MIAMI FL 33127 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: FIDEL OTHMAN

Address: 5820 NW 12th Ave
Miami FL 33127

ARTICLE VII INCORPORATOR

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

Name: FIDEL OTHMAN

Address: 5820 NW 12th Ave
Miami FL 33127

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Fidel Othman
Required Signature/Registered Agent

01/06/2021
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.

Fidel Othman
Required Signature/Incorporator

Date 01/06/2021