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TO: DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

DEPARTMENT OF STATE

1492 W FLAGLER ST

STATE OF FLORIDA

SUITE 200

409 EAST GAINES STREET

MIAMI FL 33135-

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: KASH, INC.

FAX AUDIT NUMBER: H95000009788

CURRENT STATUS: REQUESTED

DATE REQUESTED: 09/01/1995

TIME REQUESTED: 16:32:07

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 4

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 072460003255

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9-7-95



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 5, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: KASH, INC.  
REF: W95000017752

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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Loria Poole  
Corporate Specialist

FAX Aud. #: H95000009788  
Letter Number: 195A00040946

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION  
OF  
KASH TOURS INC.

SECRET  
TALLAH

LOF DA

④

ARTICLE I  
NAME

The name of this corporation is: KASH TOURS INC.

ARTICLE II  
DURATION

This corporation shall exist on a perpetual basis commencing on the date of the signing of these Articles.

ARTICLE III  
PURPOSE

This corporation is organized for the purpose of engaging in tourism services and for any and all other lawful businesses for which a corporation may be incorporated under the Florida General Corporation Act, Chapter 607, Florida Statutes.

ARTICLE IV  
CAPITAL STOCK

This corporation is authorized to issue 100 shares of common stock, said shares having a par value of One Dollar (\$1.00) per share.

ARTICLE V  
CAPITALIZATION

The amount of capital with which the corporation will begin business is not less than Five Hundred (\$500.00) Dollars.

ARTICLE VI  
FURTHER AND OTHER POWERS

The corporation shall have all powers given to it by the laws of the State of Florida, now or hereafter, and any specific power enumerated shall not be construed as a limitation upon the powers of the corporation.

Prepared By:  
Charles H. Gelman, P.A.  
1025 Ingraham Building  
25 Southeast Second Avenue  
Miami, Florida 33131-1604  
(305) 579-9100  
Florida Bar No.: 270067

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ARTICLE VII  
VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of directors and for all other purposes shall be vested exclusively in the holders of the outstanding common shares.

ARTICLE VIII  
INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the Bylaws but shall never be less than one (1). The name and address of the initial Board of Directors is as follows:  
STEEN DIGEMOSE, 2699 COLLINS AVENUE, SUITE 116, MIAMI BEACH, FLORIDA 33140.

ARTICLE IX  
INCORPORATOR

The name and address of the person signing these Articles is:  
STEEN DIGEMOSE, 2699 COLLINS AVENUE, SUITE 116, MIAMI BEACH, FLORIDA 33140.

ARTICLE X  
INITIAL REGISTERED AGENT

The street address of the initial registered agent is:  
2699 COLLINS AVENUE, SUITE 116, MIAMI BEACH, FLORIDA 33140.

ARTICLE XI  
INITIAL OFFICE OF THE CORPORATION

The street address of the initial office of the Corporation is:  
2699 COLLINS AVENUE, SUITE 116, MIAMI BEACH, FLORIDA 33140.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 1st day of September, 1995.

*Steen Digemose*  
\_\_\_\_\_  
STEEN DIGEMOSE

STATE OF FLORIDA )

ss:

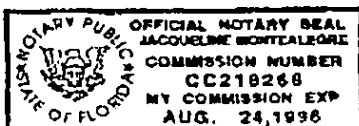
COUNTY OF DADE )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgement, personally appeared STEEN DIGEMOSE to me known to be the person described in and who was identified by Florida Drivers License and who executed the foregoing instrument and he acknowledged before me that he executed the same.

SWORN TO AND SUBSCRIBED before me on this 1st day of September, 1995.

My commission expires:

*Jacqueline Montelegre*  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
JACQUELINE MONTEALEGRE  
\_\_\_\_\_  
PRINT NAME



H9500009788

H9500009788

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

First-- KASH TOURS INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of Miami, County of Dade, State of Florida, has named STEEN DIGEMOSE, located at 2699 COLLINS AVENUE, SUITE 116, MIAMI BEACH, FLORIDA 33140 as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above-stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
\_\_\_\_\_  
STEEN DIGEMOSE

95 SEP -1 11 11 AM '00

FBI - MIAMI

SEP-26-1996 14:13

APPLICATION  
FOR  
REINSTATEMENTEMPIRE CORPORATE KIT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

P.01/05

DOCUMENT # 1950000068909

Corporation Name

KASH TOURS, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

9/5/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐S.A. Addt'l. Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Sec	STEEN DIGEMOSE	1901 Collins Avenue Miami Beach, Fla.	
VP	HENRIK VAEVERSTED	" "	
P	KURT STEFFENSEN	" "	300001967463 -10/08/96--01088--001 ****375.00 ****375.00

REINSTATEMENT 9/6

A. Shaw  
10-7-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEEN DIGEMOSE  
1901 Collins Avenue  
Miami Beach, Florida

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9 26 96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96 (305) 535-5610  
Date (Sign From #)