Page 1 of 2

# Division of Corporations

#### Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

#### FLORIDA PROFIT CORPORATION OR P.A.

KAPA TRAVEL, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Corporation Act, hereby adopt(s) the following Articles of Incorporation:

## ARTICLES OF INCORPORATION 99000024748 KAPA TRAVEL, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

#### ARTICLE I

The name of the corporation shall be:

KAPA TRAVEL, CORP.

The principal place of business and mailing address of this corporation shall be:

12708 NW 11 TERRACE Miami, FL 33182-2506

#### ARTICLE II

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III

The aggregate number of stock and its par value that this corporation is authorized to have outstanding at any one time is:

1,000 shares of Common Stock, each have \$ 1.00 par value.

#### ARTICLE IV

This corporation is to exist perpetually.

#### **ARTICLE V**

Each shareholder of any class of stock of this Corporation shall be entitled to full preemptive rights to purchase un-issued or treasury shares of the Corporation and any securities of the Corporation convertible into or carrying a right to subscribe to or to acquire shares of any such un-issued or treasury shares.

#### ARTICLE VI

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is (are);

Juan Pablo Lemarchand

12708 NW 11 Terrace Miami, FL 33182-2506 President

Prepared by : Taileson Advisory Corp. ( Yolanda Duran- Accountant) 10300 Sunset Dr., suite 435, Miami, FL 33173

H99000024748

Juan Carlos Scavuzzo

Polonia 866, Comodoro Rivadavia, Provincia del Chubut, Republica Argentina

V. Pres./Secretary

#### ARTICLE VII

The name (9) and street address (es) of the incorporator (s) to these articles of incorporation is (are):

Juan Pablo Lemarchand 12708 NW 11 Terrace Miami, FL 33182-2506

		the undersigned inc	corporator (s) has	1000	G first Willers or
Incorporation this		_day of	mobile	1999	n sesan
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COUNTY OF	VHIN		- "	~. 4 <b>T</b>	
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Prepared by : Taileson Advisory Corp. ( Yolanda Duran- Accountant) 10300 Sunset Dr., suite 435, Miami, FL 33173

## H99000024748

The names and addresses of the subscribers to these Articles of Incorporation

Juan Carlos Scavuzzo

Polonia 866 Comodoro Rivadavia, Provincia del Chubut

Republica Argentina

Juan Pablo Lemacharnd

12708 NW 11 Terrace Miami, FL 33182-2506

#### ARTICLE IX

The Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any Amendment hereto and any writing inferred upon the shareholders shall be subject to this reservation.

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

The name of the corporation is: KAPA TRAVEL, CORP.

1. The name and the address of the registered agent and office is:

JUAN PABLO LEMARCHAND. 12708 NW 11 TERRACE MJAMI, FL 33182-2506

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

nate

9 OCT -5 PM 1:3

Prepared by : Talleson Advisory Corp. ( Yolanda Duran- Accountant) 10300 Sunset Dr., suite 435, Miami, FL 33173