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KIJOENNA

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

16 JUN 30 PM 4:50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BG&JA MIAMI CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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02014

COVER LETTER

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

SUBJECT: BG&JA MIAMI CORPORATION
(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: BRAYAN R. GALVEZ P.
Name (Printed or typed)

921 MULHOLLAND DR
Address

WEST PALM BEACH, FLORIDA 33415
City, State & Zip

(561) 707-4428
Daytime Telephone number

KJESERVICES@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)

ARTICLE I NAME

The name of the corporation shall be: BG&JA MIAMI CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

921 MULHOLLAND DR

WEST PALM BEACH, FL. 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PURPOSE

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRAYAN R GALVEZ A - PRESIDENT

Name and Title: _____

Address: 921 MULHOLLAND DR

Address: _____

WEST PALM BEACH, FL. 33415

Name and Title: JANNETH ALONZO - VICE PRESIDENT

Name and Title: _____

Address: 921 MULHOLLAND DR

Address: _____

WEST PALM BEACH, FL. 33415

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: BRAYAN R GALVEZ A
 Address: 921 MULHOLLAND DR
WEST PALM BEACH, FL. 33415

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRAYAN R GALVEZ A
 Address: 921 MULHOLLAND DR
WEST PALM BEACH, FL. 33415

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/27/2016 (OPTIONAL)

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

BRAYAN GALVEZ 06/27/2016
 Required Signature/Registered Agent 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.

BRAYAN GALVEZ 06/27/2016
 Required Signature/Incorporator Date