

Sep. 22, 2021 3:27 PM

No. 0701. 2

P21000083175

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KIDJENNA SERVICES INC
Account Number : 120080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TP SERVICES, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 SEP 22 AM 10:19

ALL ARASSEE, FLORIDA

2021 SEP 22 AM 9:51

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SECRETARY OF STATE
TP SERVICES, FL

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COVER LETTER

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

SUBJECT: TP SERVICES, CORP
(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
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FROM: KIJOENNA SERVICES, INC
Name (Printed or typed)
2141 SW 1 ST SUITE 110
Address
MIAMI, FL 33135
City, State & Zip
7864997132
Daytime Telephone number
KRISJOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Sep. 22. 2021 8:28AM

No. 0730 P. 6

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: TP SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
9456 FORREST HILLS CIRCLE

TAMPA, FL 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CARLOS MATA ^P Name and Title: _____

Address 9456 FORREST HILLS CIRCLE Address: _____

TAMPA, FL 33612

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

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Sep. 22. 2021 8:29AM

No. 0730 P. 7

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: MATA JUAN CARLOS
Address: 9456 FORREST HILLS CIRCLE
TAMPA, FL 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN CARLOS MATA
Address: 9456 FORREST HILLS CIRCLE
TAMPA, FL 33612

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/21/2021 (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

Juan Carlos Mata 09/22/2021
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 §817.155, F.S.

Juan Carlos Mata 09/22/2021
Required Signature/Incorporator Date

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