## da Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000118945 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| _ |        |   |
|---|--------|---|
| Т | $\sim$ | • |
|   | u      |   |

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 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 CAV SERVICES INC

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

## **COVER LETTER**

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

| SUBJECT: CAV            | SERVICES, INC                     |                                       |                         |
|-------------------------|-----------------------------------|---------------------------------------|-------------------------|
|                         | (PROPOSED CORPORA                 | TE NAME – <u>MUST INCL</u>            | UDE SUFFIX)             |
| Enclosed are an orig    | ginal and one (1) copy of the art | icles of incorporation and            | l a check for:          |
| □ \$70.00<br>Filing Fee | <ul><li></li></ul>                | □ \$78.75 Filing Fee & Certified Copy | & Certificate of Status |
|                         |                                   | ADDITIONAL CO                         | PY REQUIRED             |
| FROM:                   | KIJOENNA SERV<br>Nam              | ICES, INC<br>e (Printed or Lyped)     |                         |
|                         | 2141 SW 1 ST SU                   | TTE 110                               |                         |
|                         |                                   | Address                               |                         |
|                         | MIAMI, FL 33135                   |                                       |                         |
|                         | City                              | , State & Zip                         |                         |
| _                       | 7864997132                        |                                       |                         |
| -                       | Daytime                           | Telephone number                      |                         |
|                         | KRISJOENNA@                       |                                       |                         |
|                         | E-mail address: (to be use        | d 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)

|  | poration shall be: CAV SERVICES, INC   |  |                                       |
|--|--|--|---------------------------------------|
| TICLE II PH                                | RINCIPAL OFFICE Principal street address   | Mailing add  | ress, if different is:                |
| 1155 KASIM S                               | ST   |  |                                       |
|  | FLORIDA. 33054   |  |                                       |
| TICLE III PE                               | URPOSE Lich the corporation is organized is:ANY AN A   |  |                                       |
|  |  |  |                                       |
|  |  |  | SECHELING<br>TALLAHASS                |
|  |  |  | ZAPR - 1                              |
| TICLE IV SI                                | HARES<br>cs of stock is:   |  |                                       |
|  |  | <del></del>  | PM 12: 0;<br>Y OF STATE<br>EE. FLORID |
| TICLE V IN                                 | VITIAL OFFICERS AND/OR DIRECTORS   | N 1 T(1)   | ι ω                                   |
| TICLE V IN                                 | VITIAL OFFICERS AND/OR DIRECTORS  Title: ALEXIS CABRERA / PRESIDENT                                    |  | ·· W                                  |
| TICLE V IN                                 | VITIAL OFFICERS AND/OR DIRECTORS   | Address:   | ι ω                                   |
| TICLE V IN<br>Name and<br>Address          | ITITLE: ALEXIS CABRERA / PRESIDENT  1155 KASIM ST  OPA LOCKA, FLORIDA. 33054                           | Address:   |                                       |
| TICLE V IN<br>Name and<br>Address          | FITIAL OFFICERS AND/OR DIRECTORS  ALEXIS CABRERA / PRESIDENT  1155 KASIM ST  OPA LOCKA, FLORIDA. 33054 | Address:  Name and Title:                            |                                       |
| Name and Address                           | Title: ALEXIS CABRERA / PRESIDENT  OPA LOCKA, FLORIDA. 33054  Title:                                   | Address:  Name and Title:                            |                                       |
| Name and<br>Address<br>Name and<br>Address | Title: ALEXIS CABRERA / PRESIDENT  OPA LOCKA, FLORIDA. 33054  Title:                                   | Address:Name and Title:Address:                      | ω                                     |
| Name and<br>Address<br>Name and<br>Address | Title: ALEXIS CABRERA / PRESIDENT  1155 KASIM ST  OPA LOCKA, FLORIDA. 33054  Title:                    | Address:  Name and Title:  Address:  Name and Title: | ω                                     |

| Name and  | Title:  | Name and Title:  |   |
|---|---|--|---|
| Address   | <del>-</del>  | Acidress:  |   |
|   |   |  |   |
|   |   |  |   |
|   | EGISTERED AGENT rida street address (P.O. Box NOT acceptal  | ole) of the registered agent is:   |   |
| Name:   | ALEXIS CABRERA  |  |   |
| Address:  | 1155 KASIM ST   | ····   |   |
|   | OPA LOCKA, FLORIDA. 33054   |  |   |
| ARTICLE VII E   | NCORPORATOR   |  | <b>2022</b><br>ວີເປັ                                      |
| The name and add  | ress of the Incorporator is:  |  | 2022 APR  |
| Name:   | CABRERA ALEXIS  |  | R-I   |
| Address:  | 1155 KASIM ST   |  | E.F.S   |
|   | OPA LOCKA, FLORIDA, 33054   |  | PHIZ: 03 OF STATE OFLORID.                                |
| Effective date, if o (If an effective da filling.)  Note: If the date i | ther than the date of filing: 0.3/ te is listed, the date must be specific and asserted in this block does not meet the applicative date on the Department of State's re- | icable statutory filing requireme  | L)<br>prior or 90 days after the                          |
| Having been name<br>vertificate, I am fu                                | ed as registered agent to accept service of pro<br>miliar with and accept the appointment as r  | ocess for the above stated corpora<br>egistered agent and agree to act i | ation at the place designated in this<br>in this capacity |
| Al  | Phis Coheros Required Signature/Registered Ages   | ıt.  | 03/31/22<br>Date  |
|   | ment and affirm that the facts stuted here<br>epartment of State constitutes a third degree   | in are true. I am aware that the   |   |
| Al  | IXis Cabrer   |  | 03/31/22  |