

AUG-27-2006 10:56 From:

To: 850 617 6381

P.3

P140000071892

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000200680 3)))



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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I200800000033
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: _____

APPROVAL
AND
FILED

14 AUG 27 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
IT SERVICE CORP**

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

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AUG-27-2014 10:56 From:

07/27/2014 12:33:00 PM FAX PAGE 17001 To: 850 617 6381 FAX DRIVER P.2/5



August 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KRISJOENNA SERVICES, INC.

SUBJECT: IT SERVICE, CORP
REF: W14000052504

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000062280. (IT SERVICE LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000200680
Letter Number: 514A00018409

14 AUG 27 PM 12:54

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

IT SERVICE II CORP

ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

**2141 SW 1 ST SUITE 110
MIAMI FL 33135**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **DANNY RODRIGUEZ**
Address: **2141 SW 1 ST SUITE 110
MIAMI FL 33135**

Title: **VICE-PRESIDENT**
Name: **SOL RECAVARREN**
Address: **2141 SW 1 ST SUITE 110
MIAMI FL 33135**

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **DANNY RODRIGUEZ**
Address: **2141 SW 1 ST SUITE 110
MIAMI FL 33135**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DANNY RODRIGUEZ**

Address: **2141 SW 1 ST SUITE 110
MIAMI FL 33135**

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

Date: August 26, 2014



Required Signature/Registered Agent

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.

Date: August 26, 2014



Required Signature/Incorporator