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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 : 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: KJEservices@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
B E ESPITAL SERVICES, INC.

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

6/22/15

COVER LETTER

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

SUBJECT: B E ESPITAL SERVICES, INC.
(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: EDWIN RENE ESPITAL
Name (Printed or typed)
638 SW 6 ST # 307
Address
MIAMI, FL 33130
City, State & Zip
786 - 319 - 1563
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: B E ESPITAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

638 SW 6 ST # 103

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN RENE ESPITAL

Name and Title: _____

Address PRESIDENT

Address: _____

638 SW 6 ST # 103

MIAMI, FL 33130

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: EDWIN RENE ESPITAL
Address: 638 SW 6 ST # 103
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWIN RENE ESPITAL
Address: 638 SW 6 ST # 103
MIAMI, FL 33130

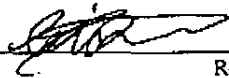
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

 _____ 06/16/2015
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.

 _____ 06/16/2015
Required Signature/Incorporator Date