

9/1/2015

**P15000072067**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H15000211228 3)))



H150002112283ABCW

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

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

**\*\*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**  
**LILIAN GRAMUNDO P.A.**

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

RECEIVED

15 SEP - 1 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
15 SEP - 1 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
15 AUG 32 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: LILIAN GRAMUNDO P.A.  
(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: LILIAN GRAMUNDO P.A.  
Name (Printed or typed)  
936 NE 191 ST  
Address  
MIAMI, FL 33179  
City, State & Zip  
305-609-1332  
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: LILIAN GRAMUNDO P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

936 NE 191 STRET

SAME

MIAMI, FL 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY ALL PROPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LILIAN GRAMUNDO

Name and Title: \_\_\_\_\_

Address: PRESIDENT

Address: \_\_\_\_\_

936 NE 191 STREET

MIAMI, FL 33179

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
15 SEP - 1 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: LILIAN GRAMUNDO  
 Address: 936 NE 191 STREET  
MIAMI, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LILIAN GRAMUNDO  
 Address: 936 NE 191 STREET  
MIAMI, FL 33179

FILED  
 15 SEP - 1 AM 8:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/01/2015 (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*

*Lilian Gramundo*  
 Required Signature/Registered Agent

09/01/2015  
 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.*

*Lilian Gramundo*  
 Required Signature/Incorporator

09/01/2015  
 Date