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KIJOENNA

Division of Corporations

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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 : 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  
BAUTA FENCES & WELDING CORP**

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

N. SAMS

OCT 19 2016

**COVER LETTER**

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

**SUBJECT:** BAUTA FENCES & WELDING 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** KIJONNA SERVICES CORP

Name (Printed or typed)

2141 SW 1 ST SUITE 110

Address

MIAMI, FL 33135

City, State & Zip

786-499-7132

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.**

**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: BAUTA FENCES & WELDING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
3989 NW 163RD ST OPA LOCKA FL 33054

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GERARDO FLEITAS RUIZ PRESIDENTAddress 3989 NW 163RD ST OPA LOCKA, FL  
33054

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

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

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: GERARDO FLEITAS RUIZ  
Address: 3989 NW 163RD ST OPA LOCKA, FL 33054  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GERARDO FLEITAS RUIZ  
Address: 3989 NW 163RD ST OPA LOCKA, FL  
33054  
\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/14/2016 (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*

GERARDO FLEITAS RUIZ 10/14/2016  
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.*

GERARDO FLEITAS RUIZ 10/14/2016  
Required Signature/Incorporator Date