

Florida Department of State
Division of Corporations
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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
TEN FRUITS EXPRESS II CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

APR 20 2017

T. SCOTT

COVER LETTER

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

SUBJECT: TEN FRUITS EXPRESS II 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: KIJOENNA SERVICES INC

Name (Printed or typed)

2141 SW 1st 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: TEN FRUITS EXPRESS II CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1657 WEST AVE MIAMI BEACH, FL 33139-2336

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL AND LAWFULL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUIDO TAPIA PRESIDENT (80%)

Name and Title: N/A

Address 13115 SW 10TH TERR
MIAMI, FL 33184

Address: _____

Name and Title: ELIZABETH SERNA VP (20%)

Name and Title: N/A

Address 13115 SW 10TH TERR
MIAMI, FL 33184

Address: _____

Name and Title: N/A

Name and Title: N/A

Address _____

Address: _____

17 APR 19 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name and Title:	<u>N/A</u>	Name and Title:	<u>N/A</u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GUIDO TAPIA

Address: 13115 SW 10TH TERR MIAMI, FL 33184

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GUIDO TAPIA

Address: 13115 SW 10TH TERR MIAMI, FL 33184

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 days prior or 90 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

Guido Tapia

Required Signature/Registered Agent

04/19/2017

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.

Guido Tapia

Required Signature/Incorporator

04/17/2017

Date