

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: _____

RECEIVED

17 JUN -5 PM 2:45

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
BALBOA SERVICES INC

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

SECRETARY OF STATE
JANUARY 1, 2017
TALLAHASSEE, FLORIDA

17 JUN -5 AM 8:46

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AND
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JUN 06 2017

T. SCOTT

COVER LETTER

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

SUBJECT: BALBOA 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: KIJONNA SERVICES INC

Name (Printed or typed)

2141 SW 1st ST SUITE 110

Address

MIAMI FL 33135

City, State & Zip

786-502-6456

Daytime Telephone number

ARNAL2CUB@GMAIL.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 NAMEThe name of the corporation shall be: BALBOA SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
1306 SW 103RD PL MIAMI, FL 33174Mailing address, if different is:
SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFULL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARNALDO PAZ RODRIGUEZ

Name and Title: _____

Address: PRESIDENT

Address: _____

1306 SW 103RD PL MIAMI, FL 33174Name and Title: N/A

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

17 JUN -5 AM 8:46
STATE OF FLORIDA
SECRETARY OF STATEAPPROVED
AND
FILED

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: ARNALDO PAZ RODRIGUEZ
Address: 1306 SW 103RD PL MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ARNALDO PAZ RODRIGUEZ
Address: 1306 SW 103RD PL MIAMI, FL 33174

ARTICLE VIII EFFECTIVE DATE: 06/05/2017

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

Arnaldo Paz Rodriguez 06/05/2017
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.

Arnaldo Paz Rodriguez 06/05/2017
Required Signature/Incorporator Date