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.

(((H18000264520 3)))



. 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)617-6331

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

: (305)644-3055

Phone Fax Number

: (305)544-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Tmail Address:			
		 ~ <b>~</b> -	 •

## FLORIDA PROFIT/NON PROFIT CORPORATION SERDECO CORPORATION, INC.

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

Electronic Filing Menu

Corporate Filing Menu





September 12, 2018

# FLORIDA DEPARTMENT OF STATE Division of Corporations

KIJOENNA SERVICES INC

Sep. 12. 2018 2:57PM

SUBJECT: SERDECO CORPORATION, INC

REF: W18000081504

We have received your document for SERDECO CORPORATION, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a print out of Online Articles for filing. If you are wanting to file online, you must complete the filing by paying with your Sunbiz e-file account via www.sunbiz. org. In order to process the filing via Electronic Fax, you must print the correct Articles under "Forms and Fees" on www.sunbiz.org and submit them with the fax audit cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder Regulatory Specialist III Amount charged: 78.75 FAX Aud. #: H18000264520 Letter Number: 818A00018953

### **COVER LETTER**

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

SUBJECT: SEI	RDECO CORPORATION,INC				
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.0 Filing Fe	Ť	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	ρſ	
		ADDITIONAL CO	PY REQUIRED		
			•		
FROM:					
	Name	(Printed or typed)			
	2141 SW 1 ST SUITE 110				
Address					
	MIAMI FL33135		<u>;</u>		<del></del>
	City,	State & Zip			SES
	305 6443055		•	9	<u>.</u> ;
Daytime Telephone number				- 1	75 % 26
	KRISJOENNA@YAHOO.COM			ca :	as 전 요
	E-mail address: (to be used	for future annual report r		<del></del> ,	မ ထ

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)

The name of the corpora	tion shall be: SERDECO CORPORATION	N, INC	
ARTICLE II PRINC 7360 NW 114 AVE SU			ss, if different is: UITE 208
МІАМІ FL 33178		MIAMI FL 33178	
		· <u>-</u>	
ARTICLE III PURPO	<u> 2SE</u> he corporation is organized is:		
		•	
			······································
ARTICLE IV SHAR The number of shares of	ES stock is:		SEP 13 PH K
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		7
Name and Title	PACHECO LUIS (PRESIDENT)	Name and Title:	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Address	7360 NW 114 AVE SUITE 208	Address:	
	MIAMI FL 33178		
		_	<del></del> -
Name and Title:	DORANTE LEIDY (V-PRESIDENT)	Name and Title:	
Address	7360 NW 114 AVE SUITE 208	Address:	
	MIAMI FL 33178		
		<del></del>	
	RAMIREZ JOSE G (DIRECTOR)		
Name and Title:	7360 NW 114 AVE SUITE 208	Name and Title:	
Address	MIAMI FL 33178	Address:	
		<del>-</del>	
		<del></del>	

Nome a	nd Title:	Name and Title:	
Addres		Address:	
		<del></del>	
ARTICLE VI	REGISTERED AGENT	A Para la	
Name:	Florida street address (P.O. Box NOT acceptable PACHECO LUIS	e) or the registered agent is:	
Address:	7360 NW 114 AVE SUITE 208	<u> </u>	
	MIAMI FL 33178		F 5: 6
			SEP SEP
ARTICLE VII	INCORPORATOR		13 PH 12: 30
The name and a	iddress of the Incorporator is:		75
Name:	PACHECO LUIS		12.
Áddress:	7360 NW 114 AVE SUTTE 208		* 0
	MIAMI FL 33178		
Effective date, it	FFFECTIVE DATE: fother than the date of filling: date is listed, the date must be specific and cor	OPTIONA	L)
filing.)	date is nated, the date must be specific and car	that be more than five days	prior or 90 days after the
Note: If the dar the document's	e inserted in this block does not meet the applica effective date on the Department of State's record	ble statutory filing requirements.	nts, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of pro am famility with and accept the appointment as	cess for the above stated corp registered agent and agree to	oration at the pluce designated in act in this capacity
	Mus tachew		09/11/2018
	Required Signature/Registered Agent	_	Dute
I submit this do document to the	cument and affirm that the facts stated herein to Department of State constitutes a third degree fe	rre true. I am aware that the clony as provided for in 5.817.	false information submitted in a 155, F.S.
	Sul Vacher	<u> </u>	09/11/2018
Kêqi	ired Signature/Incorporator		Date