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Fax Number : (850)617-6381

From: Account Name : KIJOENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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FLORIDA PROFIT/NON PROFIT CORPORATION
HR CARGO CHINA INC

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

M SIMMONS

APR 26 2019

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COVER LETTER

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

SUBJECT: HR CARGO CHINA 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: KIJOENNA SERVICES
Name (Printed or typed)
2141 SW 1 ST SUITE 110
Address
MIAMI
City, State & Zip
7864997132
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: HR CARGO CHINA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8377 NW 68 ST

MIAMI 33166

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: HASZZEL ANGELLY CABRERA BOZC

Name and Title: _____

Address PRESIDENT

Address: _____

936 NE 191 ST

MIAMI, FL 33179

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK 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: HAZZEL ANGELLY CABRERA BOZO
Address: 8377 NW 68 ST
MIAMI, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HAZZEL ANGELLY CABRERA BOZO
Address: 8377 NW 68 ST
MIAMI, FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/22/2019 (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.

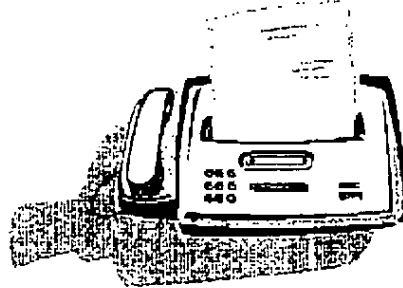
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Hazzel Angelly Cabrera 04/22/2019
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.

Hazzel Angelly Cabrera 04/22/2019
Required Signature/Incorporator Date

KIJOENNA SERVICES, INC



FACSIMILE TRANSMITTAL SHEET

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