

5/1/2019

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Division of Corporations  
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 : KIDJOENNA 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  
ELECTRIC IN SOUTH MIAMI INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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MAY 03 2019

## COVER LETTER

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

**SUBJECT:** ELECTRIC IN SOUTH MIAMI 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:** EDIAN ALVAREZ  
Name (Printed or typed)  
40 WEST 5 ST HIALEAD  
Address  
MIAMI FL 33010  
City, State & Zip  
(786) 499-71-32  
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: ELECTRIC IN SOUTH MIAMI INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

40 WEST 5 ST HIALEAD

MIAMI, FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: EDIAN ALVAREZ

Name and Title: PRESIDENT

Address 40 WEST 5 ST HIALEAD

Address:

MIAMI, FL 33010

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: EDIAN ALVAREZ  
Address: 40 WEST 5 ST HIALEAD  
MIAMI, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EDIAN ALVAREZ  
Address: 40 WEST 5 ST HIALEAD  
MIAMI FL 33010


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/01/2019 (OPTIONAL)

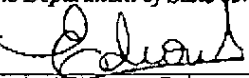
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

 05/01/2019  
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.*

 05/01/2019  
Required Signature/Incorporator Date

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