8/13/2(Jun. 17. 19 KIJOENNA SERVICES Division of Corporations

P19000048750

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
HRL ELECTRIC LABOR,INC

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2019

KIJOENNA SERVICES

SUBJECT: HRL ELECTRIC LABOR INC.
REF: W19000056953

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

The document is illegible and not acceptable for imaging.

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.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000186204
Letter Number: 019A00012044

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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: HRL ELECTRIC LABOR, 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: KIJOENNA SERVICES, INC
Name (Printed or typed)

2141 SW 1 ST
Address

MIAMI, FL 33135
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: HRL ELECTRIC LABOR,INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

147 S CIRCLE KEY DR , OCOEE FL 34761

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ENY ALL PROPOSE

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUZ MARISOL OCAMPO - PRESI

Address: 147 S CIRCLE KEY DR
OCOEE FL, 34761

Name and Title: HUGO RAMOS LOPEZ VP

Address: 147 S CIRLE KEY DR
OCOEE FL. 33761

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

19 JUN 17 P 12:22

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: OCAMPO LUZ MARISOL

Address: 147 S CIRCLE KEY DR

OCOEE, FL 34761

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUZ MARISOL OCAMPO

Address: 147 S CIRCLE KEY DR

OCOEE, FL 34761

ARTICLE VIII EFFECTIVE DATE: 06/17/2019

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

L Campos Luz — 06/17/2019

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.

Luz M. Campos — 06/17/2019

Required Signature/Incorporator — Date