

04/12 Jun. 17. 2019

KIDJENNA SERVICES, Division of Corporations

No. 978

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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 : KIDJENNA SERVICES INC
Account Number : 122280000033
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
SM MIKEL MOTOS INC

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

19 JUN 17 PM 14:19

19 JUN 17 PM 1:30

Electronic Filing Menu

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Help

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2:10 AM

PAGE

1/001

4:2878 TV P. 2



June 10, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KIJOENNA SERVICES, INC

SUBJECT: SM MEKEL MOTOR INC
REF: W19000055087

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0122(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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

Nadira D McClees-Sams
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000177364
Letter Number: 019A00011539

COVER LETTER

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

SUBJECT: SM MIKEL MOTOR 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: KRISOENNA SERVICES, INC

Name (Printed or typed)

2141 SW 1 ST SUITE B 110

Address

MIAMI, FL

City, State & Zip

786-4997132

Daytime Telephone number

KRISOENNA@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 SM MIKEL MOTOR INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address _____ Mailing address, if different is: _____
MARCOS ADRIAN ERBIN 1156 NW 59 ST, MIAMI FL 33127

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

ARTICLE IV SHARES (_____)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MARCOS ADRIAN ERBIN PRES	Name and Title:	SANTIAGO LEDEZMA VP
Address:	1156 NW 59 ST	Address:	1156 NW 59 ST
	MIAMI FL 33127		MIAMI, FL 33127

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

19 JUN 17 PM 1:30
ADRIAN ERBIN

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: ERBIN MARCOS ADRIAN
 Address: 1156 NW 59 ST
MIAMI, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARCOS ADRIAN ERBIN
 Address: 1156 NW 59 ST
MIAMI, FL 33127

FILED
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 11:50A

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/17/2019 (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

Marcos Adrian Erbin
 Required Signature/Registered Agent

06/17/2019
 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.

Marcos Adrian Erbin
 Required Signature/Incorporator

06/17/2019
 Date