

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 : KIJONNA 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: _____

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2019 OCT 15 AM 9:02
CLERK OF COURT
JANICE L. HARRIS
CLERK OF COURT

S TALLENT

OCT 16 2019

FLORIDA PROFIT/NON PROFIT CORPORATION
ESCOBAR FENCE, INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

From: Kijoenna Services, Inc

To: Division Of Corporations

Subject: Information request.

Hello.

I am sending this letter in order to let you know that in several occasions we request information about the application status of the corporations.

We didn't get an answer from you. Please let me know if those corporations were rejected or approved as soon as possible.

Thanks for your help.

Best regards.

COVER LETTER

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

SUBJECT: ESCOBAR FENCE, 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: ENNA DIEPPA

Name (Printed or typed)

2141 SW 1 ST SUITE 110

Address

MIAMI, FL 33135

City, State & Zip

(305) 644-30-55

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 ESCOBAR FENCE, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

370 DOUGLAS RD APTO # 6 OPALOKA
FL. 33054

Mailing address, if different is: _____

SAME

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HENRY ESCOBAR PRESIDENT
Address: 370 DOUGLAS RD APTO # 6
OPALOKA, FL 33054

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF 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: HENRY ESCOBAR
Address: 370 DOUGLAS RD APTO # 6
OPALOKA FL, 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HENRY ESCOBAR
Address: 370 DOUGLAS RD APTO # 6
OPALOKA FL, 33054

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/09/2019 (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:

Henry Escobar
Required Signature/Registered Agent

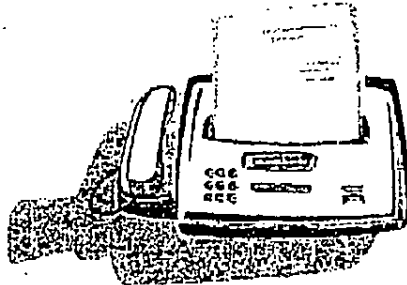
08/09/2019
Date

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.

Henry Escobar
Required Signature/Incorporator

08/09/2019
Date

KIJOENNA SERVICES, INC



FACSIMILE TRANSMITTAL SHEET

TO: Escobar Fence, Inc FROM:
Merchant Services
Company:

KIJOENNA SERVICES INC

DATE: 08/09/19

Fax Number:

Total # of Pages Including Cover:

Phone Number:

786-499-7132/ 305-644-3055

Sender's Fax Number:

305-644-3052

RE: