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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 : FLL BUSINESS SOLUTION CORP
Account Number : I23190000092
Phone : (754)302-8663
Fax Number : (786)636-3620

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLLBusiness@outlook.com

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FLORIDA PROFIT/NON-PROFIT CORPORATION
KIHESPA SUITE CORP.

Certificate of Status	0
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Page Count	04
Estimated Charge	$70.00

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P&K 3/13/2020

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COVER LETTER

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

SUBJECT: KIHESPA SUITE CORP.
(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: FLL Business Solution Corp
Name (Printed or typed)

8360 W State Road 84
Address

Davie, FL 33324
City, State & Zip

754-202-8653
Daytime Telephone number

FLLBusiness@outlook.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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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: KITHESPA SUITE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
2727 SW 6th Street	
Miami, FL. 33135	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Therapeutic Massage and any all lawful business

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Helena E Cardenas Pedroso, President	Name and Title: Enrique Pulido Gonzalez, VP
Address: 2727 SW 6th Street	Address: 2727 SW 6th Street
Miami, FL. 33135	Miami, FL. 33135
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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TALLAHASSEE, FLORIDA

H20000815443

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: FLL Business Solution Corp

Address: 8360 W State Rd 84

Davie, FL. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FLL Business Solution Corp

Address: 8360 W State Rd 84

Davie, FL. 33324

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/11/2020 (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.

_____ 03/11/2020

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.

_____ 03/11/2020

Required Signature/Incorporator Date