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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) 617-4381

From: Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 12319009092
Phone : (754) 302-8663
Fax Number : (754) 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

FLORIDA PROFIT/NON-PROFIT CORPORATION
KIHESPA SUITE CORP.

Certificate of Status	01
Certified Copy	00
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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2/13/2020

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COVER LETTER

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

SUBJECT: KHESPA 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: F.L. Business Solution Corp

Name (Printed or typed)

8360 W State Road 84

Address

Davie, FL 33324

City, State & Zip

754-202-8663

Daytime Telephone number

FL.Bizness@outlook.com

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
 TALLAHASSEE, FL 32399

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE III NAMEThe name of the corporation shall be: KIHESPA SUITE CORP**ARTICLE IV PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2727 SW 6th StreetMiami, 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 VI INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Helena E Cardenas-Pedroso, PresidentName and Title: Enrique Pulido Gonzalez, VPAddress: 2727 SW 6th StreetAddress: 2727 SW 6th StreetMiami, FL 33135Miami, FL 33135

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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 BUREAU OF
 ALABAMA SECRETARY OF STATE

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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: 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

ARTICLE VIII EFFECTIVE DATE:

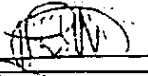
Effective date, if other than the date of filing: 03/11/2020 (OPTIONAL)

(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

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 J. ALAN HASSLER, CLERK