

May.

2000 5:23 PM

KIDJOENNA SERVICES

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

No. 33

Page 2

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KIDJOENNA SERVICES INC
Account Number : 120080000033
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
MASKS & MORE, INC**

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

RECEIVED

2020 MAY -4 AM 7:13

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Corporate Filing Menu

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TALLAHASSEE

COVER LETTER

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

SUBJECT: MASKS & MORE, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: KISOENNA SERVICES, INC
Name (Printed or typed)

2141 SW 1st, Suite #110
Address

Miami, FL 33135
City, State & Zip

(305)-6443055
Daytime Telephone number

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

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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 NAMEThe name of the corporation shall be: MASKS & MORE, INCARTICLE II PRINCIPAL OFFICE

Principal street address

331 GLENRIDGE ROAD
KEY BISCAIYNE, FL 33149

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Lucia Morales (P) Name and Title: _____Address: 331 GLENRIDGE Address: _____
Road
Key Biscayne, fl 33149Name and Title: Carolina Pena (VP) Name and Title: _____Address: 331 Glenridge Road Address: _____
Key Biscayne, fl 33149Name and Title: Eric Labrador Name and Title: _____Address: (Director) Address: _____
331 Glenridge Road
Key Biscayne, fl 33149

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: Lucia Morales
Address: 331 Glenridge Road
Key Biscayne, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Lucia Morales
Address: 331 Glenridge Road
Key Biscayne, FL 33149

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/04/2020 (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

Lucia Morales
Required Signature/Registered Agent

05/04/2020
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.

Lucia Morales
Required Signature/Incorporator

05/04/2020
Date