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

From: Account Name : KIJOENNA SERVICES INC  
Account Number : 12008000033  
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: \_\_\_\_\_

RECEIVED  
2020 JUN 18 PH 2:01

FLORIDA PROFIT/NON PROFIT CORPORATION  
ECF IMPORT AND EXPORT, INC

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

COVER LETTER

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

SUBJECT: ECF IMPORT AND EXPORT, 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: KIJOENNA SERVICES, INC  
Name (Printed or typed)

2141 SW 1ST, SUITE 110  
Address

MIAMI, FL 33135  
City, State & Zip

7864997132  
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

The name of the corporation shall be: ECF IMPORT AND EXPORT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
600 Biltmore Way # 508  
Coral Gables, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PROPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETA CASTRO(P) Name and Title: \_\_\_\_\_

Address 600 Biltmore Way Address: \_\_\_\_\_

# 508 \_\_\_\_\_

Coral Gables, Fl. 33134 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: CASTRO ELIZABETA  
 Address: 600 Biltmore Way # 508  
Coral Gable, Fl. 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ELIZABETA CASTRO  
 Address: 600 Biltmore Way # 508  
Coral Gable, Fl. 33134

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/18/2020 (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:*

*Elastrof* \_\_\_\_\_ 06/18/2020  
 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.*

*Elastrof* \_\_\_\_\_ 06/18/2020  
 Required Signature/Incorporator Date