

# P20000007728

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : KIJONNA SERVICES INC  
Account Number : I2000000033  
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

### N & K MIAMI CORPORATION, INC

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

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: N & K MIAMI CORPORATION, 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: KIJOEENNA SERVICES, INC.  
Name (Printed or typed)

2141 SW 1ST SUITE 110  
Address

MIAMI, FL 33135  
City, State & Zip

786 499 7132  
Daytime Telephone number

KRISOENNA@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 NAMEThe name of the corporation shall be: N & K MIAMI CORPORATION, IncARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

219 SW 15TH RD  
HOMESTEAD, FL 33030ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL PROPOSE.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: SANDY FABELO (P) Name and Title: \_\_\_\_\_Address 219 SW 15TH RD Address: \_\_\_\_\_  
HOMESTEAD, FL 33030Name and Title: BRAYAN GALVEZ (VP) Name and Title: \_\_\_\_\_Address 219 SW 15TH RD Address: \_\_\_\_\_  
HOMESTEAD, FL 33030

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: FABELO SANDY  
Address: 219 SW 15TH RD.  
HOMESTEAD, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SANDY FABELO  
Address: 219 SW 15TH RD.  
HOMESTEAD, FL 33030

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/29/2020 (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*

Sandy Fabelo  
Required Signature/Registered Agent

06/29/2020  
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.*

Sandy Fabelo  
Required Signature/Incorporator

06/29/2020  
Date