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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 : KIJOENNA SERVICES INC
Account Number : I20080000033
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

el boom de sunrise,inc

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

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COVER LETTER

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

SUBJECT: EL BOON DE SUNRISE, 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

786 499 7132
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: EL BOON DE SUNRISE, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

4525 N PINE ISLAND RD
SUNRISE, FL 33351

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: LUIS SIBADA (P)
Address: 5280 NW 7ST, APT 509
MIAMI, FL 33126

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: SIBADA LUIS.

Address: 5280 NW 7ST APT. 509
MIAMI, FL. 33126.

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUIS S. BADA

Address: 5280 NW 7ST APT. 509
MIAMI, FL 33126.

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2020 (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

Luis Sibada
Required Signature/Registered Agent

07/02/2020
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.

Luis Sibada
Required Signature/Incorporator

Date 07/02/2020

July 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KIJOENNA

SUBJECT: EL BOOM DE SUNRISE, INC
REF: W20000068360

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000205491
Letter Number: 320A00012996

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