

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P2000053683

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000231176 3)))



H200002311763ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : KIDJOENNA 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
SUZANNA FERNANDEZ CARE CORP

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| 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: SUZANNA FERNANDEZ CORE 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:

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

Kijoenna@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: SUZANNA FERNANDEZ CARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2 NW 69 ST
MIAMI FL 33150

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUZANNA FERNANDEZ/PRESIDENT Name and Title: _____

Address 2 NW 69 ST Address: _____

MIAMI, FL 33150 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2020 JUL 17 PM 5:05

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: SUZANNA FERNANDEZ
Address: 2 NW 69 ST
MIAMI FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUZANNA FERNANDEZ
Address: 2 NW 69 ST
MIAMI FL 33150

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/17/2020 (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

Suzanna Fernandez
Required Signature/Registered Agent

07/17/2020
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.

Suzanna Fernandez
Required Signature/Incorporator

07/17/2020
Date