

Jul. 29. 2020 12:54 PM

KIDJOENNA SERVICES

Division of Corporations

No. 3291

P. 3

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 : 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 CR CORPORATION INC

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

J. FASON

JUL 30 2020

Electronic Filing Menu

Corporate Filing Menu

Help



July 29, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

KIJONNA SERVICES INC

SUBJECT: CR^ACORPORATION INC
REF: W20000081531

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H20000246618
Letter Number: 520A00014209

COVER LETTER

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

SUBJECT: CRA CORPORATION MIAMI, 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: 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:
CRA CORPORATION MIAMI, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1010 N 73 WAY, HOLLYWOOD, FL 33024

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: CAROLINA LOIZA / PRESID

Name and Title: _____

Address 1010 N 73 WAY

Address: _____

HOLLYWOOD FL. 33024

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 JUL 29 AM 10:45

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: CAROLINA LOAIZA
Address: 1010 N 73 WAY
HOLLYWOOD FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLINA LOAIZA
Address: 1010 N 73 WAY
HOLLIWOOD FL 33024

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing. 07/29/2020 (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

Carolina Loaiza
Required Signature/Registered Agent

07/29/2020
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.

Carolina Loaiza
Required Signature/Incorporator

07/29/2020
Date

2020 JUL 29 AM 10:45