

*P2000077153*  
Division of Corporations

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 : JULIO MORAN MULTI-SERVICES, CORP.  
Account Number : 120190000059  
Phone : (305)643-3922  
Fax Number : (305)643-3211

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: NICARAGUAKENNAK@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
K J N PAINTING CORP**

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

2020 OCT -5 AM 11:03

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K J N PAINTING Corp.

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MIAMI, FL Sep. 29, 2020

No. PAGES: 6

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REFAX



September 28, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

JULIO MORAN MULTI-SERVICES, CORP.

SUBJECT: K J N PAINTING CORP  
REF: W20000111020

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

NAME ON ARTICLES DIFFERS FROM COVER SHEETS PLEASE CORRECT AND RESEND,

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

James Harris  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E20000334098  
Letter Number: 720A00018590

### COVER LETTER

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

H200003340983

**SUBJECT: K J N PAINTING 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: KENMARK J. NICARAGUA

Name (Printed or typed)

10871 SW 6<sup>th</sup> STREET

Address

MIAMI, FL 33174

City, State & Zip

754-801-9034

Daytime Telephone number

nicaraguakennark@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**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: K J N PAINTING, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10871 SW 6 STREET  
MIAMI, FL 33174

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PAINTING HOUSE, BUILDING AND APARTMENT

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KENMARK J. NICARAGUA / PRESID Name and Title: \_\_\_\_\_

Address 10871 SW 6 STREET Address: \_\_\_\_\_  
MIAMI, FL 33174

Name and Title: NESTOR A. CORTEZ / DIRECTOR Name and Title: \_\_\_\_\_

Address 9895 NW 123 STREET Address: \_\_\_\_\_  
HIALEAH, FL 33018

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

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

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STATE OF FLORIDA

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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: KENMARK J. NICARAGUA  
 Address: 10871 SW 6 STREET  
MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KENMARK J. NICARAGUA  
 Address: 10871 SW 6 STREET  
MIAMI, FL 33174

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 TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09-24-2020 (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 do hereby accept the appointment as registered agent and agree to act in this capacity.*

[Signature]  
 Required Signature/Registered Agent  
 Date 09-24-2020

*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.*

[Signature]  
 Required Signature/Incorporator  
 Date 09-24-2020

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