

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000343944 3)))



H200003439443ABC

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 : 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
AZ MOBILE MIAMI, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

Oct. 2, 2020 2:47PM

No. 9101 P. 5

COVER LETTER

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

SUBJECT: AZ MOBILE 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

FROM: KIJOENNA SERVICES, INC
Name (Printed or typed)

2141 SW 1 ST SUITE 110
Address

MIAMI, FLORIDA 33135
City, State & Zip

7864997132
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:

AZ MOBILE MIAMI, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1045 NW 135 TH CT, MIAMI, FL 33182

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 INTIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE BARRIOS

P

Name and Title:

Address

1045 NW 135 TH CT

Address:

MIAMI, FL 33182

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Oct. 2, 2020 2:47PM

No. 0101 P. 7

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: BARRIOS JOSE

Address: 1045 NW 135 TH CT

MIAMI, FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE BARRIOS

Address: 1045 SW 135 TH CT

MIAMI, FL 33182

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/28/2020 (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

Jose Barrios

Required Signature/Registered Agent

10/02/2020

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.

Jose Barrios

Required Signature/Incorporator

Date

10/02/2020