

10/13/2020 1:01PM

Division of Corporations

No. 0109 P. 2

P20000079634  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : KIDJENNA 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.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
EL COMAL, INC

Certificate of Status	0
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Corporate Filing Menu

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## COVER LETTER

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

EL COMAL, INC

SUBJECT: \_\_\_\_\_  
(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: KRISOENNA SERVICES, INC  
Name (Printed or typed)

2141 SW 1 ST SUITE 110  
Address

MIAMI, FL 33135  
City, State & Zip

7864997132  
Daytime Telephone number

KRISOENNA@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

2020 OCT 13 PM 4:08

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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 COMAL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

23215 S DIXIE HWY, HOMESTEAD, FL 33032

Mailing address, if different is:

11918 SW 253 RD TERRACE

HOMESTEAD, FL 33032

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: NOHEMI MORENO GONZALEZ P

Name and Title:

Address

11918 SW 253 RD TERRACE

Address:

HOMESTEAD, FL 33032

Name and Title: PRICILA SAMPAYO VP

Name and Title:

Address

11918 SW 253 RD TERRACE

Address:

HOMESTEAD, FL 33032

Name and Title:

Name and Title:

Address

Address:

Oct. 13. 2020 1:03PM

No. 0109 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: MORENO GONZALEZ NOHEMI

Address: 11918 SW 253 RD TERRACE

HOMESTEAD, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MORENO GONZALEZ NOHEMI

Address: 11918 SW 253 RD TERRAZA

HOMESTEAD, FL 33032

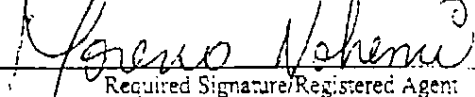
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/13/2020 (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.

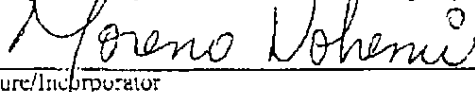
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/13/2020

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.*

  
Required Signature/Incorporator

Date 10/13/2020