

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**P2000082124**

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To:

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

From:

Account Name : KIJOENNA SERVICES INC  
 Account Number : I2008000033  
 Phone : (305)644-3055  
 Fax Number : (305)644-3052

2007 07/08/07  
 11:11:41 AM

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 annual report mailings. Enter only one email address please.\*\*

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### FLORIDA PROFIT/NON PROFIT CORPORATION

possini general power inc

Certificate of Status	0
Certified Copy	1
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: POSSINI GENERAL POWER, 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: KRISJOENNA SERVICES, INC.  
Name (Printed or typed)

2141 SW 1 ST SUITE 110

Address

MIAMI, FL 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: **POSSINI GENERAL POWER, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address  
**POSSINI GENERAL POWER, INC**  
10036 SW 162 PATH. MIAMI FL. 33196

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

2000.1.11

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS F POSSO AREVALO P Name and Title: \_\_\_\_\_

Address: 10036 SW 162 PATH, MIAMI FL 33196 Address:

Name and Title: **HEYBER F POSSO GUZMAN** VP Name and Title:

Address: 10036 SW 162 PATH MIAMI FL 33196 Address:

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

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

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: POSSO AREVALO LUIS F  
Address: 10036 SW 162 PATH  
MIAMI, FL 33196**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: POSSO AREVALO LUIS F  
Address: 10036 SW 162 PATH, MIAMI FL 33196**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/20/2020 (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.*Luis F. Posso

Required Signature/Registered Agent

10/20/2020

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.*Luis F. Posso  
Required Signature/Incorporator10/20/2020

Date