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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033 Phone : (305)644-3055

Fax Number : (305)644-3052

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

FLORIDA PROFIT/NON PROFIT CORPORATION SALOME PAINTING, INC

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

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COVER LETTER

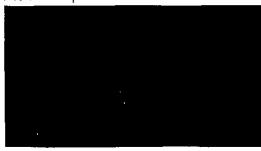
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	SALOME PAINTING, 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: _	M:KIJOFNNA 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)

ICLE I NAME	ÉALONE DAITIN	sc mc	
name of the corporat	tion shall be: SALOME PAITIN	IG, INC	
ICLE II PRINC		_	
I NW 179 ST, APT	Principal <u>street</u> address 106, HIALEAH FLORIDA 33015	٨	Mailing address, if different is:
_ ~			· · · · · · · · · · · · · · · · · · ·
TICLE III PURPO	be corporation is organized is: A	LL PROPOSE	
•	·		
	···	. .	- ··- · · · · · · · · · · · · · · · · ·
			
	-		
	AL OFFICERS AND/OR DIRECTOR E: FRANCISCO JAVIER RESTREP		201
Address	7041 NW 179 ST APT 106	Address:	
	HIALEAH, FL 33015		
	111/102/4131 - 000010		
			- An
			-
Name and Title		Name and Title:	
Address		Address:	
			
\1.			
Name and Title	·	Name and Title:	
Address		Address:	
	-	 · <u>-</u>	

· Name a	nd Title:	Name and Title	
Addres	S	Address:	
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT		
The name and F	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	RESTREPO FRANCISCO JAVIER		
Address:	7041 NW 179 ST APT 106		
	HIALEAH, FL 33015		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Namer	RESTREPO FRANCISCO JAVIER		
			2.2
Address:	7041 NW 179 ST APT 106		
	HIALEAH, FL 33015		~ .
			•
Effective date, i	FFFECTIVE DATE: f other than the date of filing: 10/20/2020	(OPTIONAL)	· · · · · · · · · · · · · · · · · · ·
(If an effective filing.)	date is listed, the date must be specific and car	mot be more than five days prior	or 90 days after the -
_			
	e inserted in this block does not meet the applica effective date on the Department of State's recor-		is date will not be listed a
	, , , , , , , , , , , , , , , , , , ,		
	med as registered agent to accept service of proces		
	familiar with and accept the appointment as regi-	-	
Tran	eisco Javier Restupo Required Signature/Registered Agent		10/20/2020
			Date
	cument and affirm that the facts stated herein of Department of State constitutes a third degree fea		
:		,	
1 Naucu	ure/incorporator	Date	10/20/2020