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.

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

Fmail A	Address:		

## FLORIDA PROFIT/NON PROFIT CORPORATION ESCOBAR FENCE MIAMI, INC

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\$78.75

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTERS

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

SUBJECT:

ESCOBAR FENCE 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:

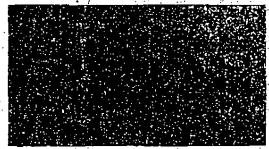
□ \$70.00

**☼** \$78.75

Filing Fee

Filing Fee

& Certificate of Status



EDOM:	KIJOENNA SEVICES,INC  Name (Printed or typed)				
FROM:					
	2141 SW 1.ST SUITE 110				
	Address				
	MIAM!. 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 corporati	on shall be: ESCOBAR FENC	E MIAMI, INC		
ARTICLE II PRINC 370 DOUGLAS RD APT	IPAL OFFICE Principal street address O # 6	Mailing address, if different is:		
OPALOKA, FL 33054				
ARTICLE III PURPO The purpose for which the	SE corporation is organized is:	ALL PROPOSE		
			2	
			20 DEC -	
ARTICLE IV SHARE The number of shares of s  ARTICLE V INITIA		SEC FLORIDA	- PM 5: 51	
	<del></del> ·	Name and Title:	· 	
Address	370 DOUGLAS RD APTO #6	Address:	·	
	QPALOKA FL 33054			
Name and Title:		Name and Title:		
Address		Address:	:	
Name and Title:		Name and Title:	); - <u> -</u>	
Address		Address:		

Dec. 1. 2020 18:38AM			No. 0201 P. 6	
Name and Title:		Name and Title:		
Addres	<u> </u>	Address:		
		<u>-</u>		
	<u>REGISTERED.4GENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	ESCOBAR HENRY	<del></del> .	50 N	
Address:	370 DOUGLAS RD APTO # 6		20 DEC 20 LUALI ALLAHA	
	OPALOKA FL 33054			
<u>ARTICLE VII</u>	INCORPORATOR		F	
The name and :	address of the Incorporator is:		5 <u>5</u>	
Name:	ESCOBAR HENRY	· ·	<i>≫</i>	
Address:	370 DOUGLAS RD APTO # 6	<del></del> ,		
	OPALOKA FL 33054	<del></del>		
Effective date, (If an effective filing.)  Note: If the da	if other than the date of filing: 12/01/20 date is listed, the date must be specific and can the inserted in this block does not meet the applic effective date on the Department of State's reco	innot be more than five day able statutory filing requirem	s prior or 90 days after the	
Having been no certificate, I am	amed as registered agent to accept service of process familiar with and accept the appointment as regular of the accept the appointment as regular of Required Signature/Registered Agent	ess for the above stated corpor istered agent and agree to ac	ration at the place designated in thi t in this capacity  12/01/2020	
I submit this d	ocument and affirm that the facts stated herein e Department of State constitutes a third degree f	ars true. I am aware that th	Date he false information submitted in	
1-/2	vry CSCOSar	· .	Date 12/02/2020	
Rednited 218ug	nuter (neurporator		Date	

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