

12/3/20 Dec. 4. 2020

13PM

Division of Corporations

No. 0213

P. 3

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KIJONNA 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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION ARSENAL SOLUTIONS, INC

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

J. FASON

DEC 07 2020

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2020 DEC -4 PM 2:11

2020 DEC -4 AM 10:40

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Corporate Filing Menu

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December 4, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KIJOENNA SERVICES INC

SUBJECT: ARSENAL SOLUTIONS, INC
REF: W20000137429

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L20000363601.

If you have any further questions concerning your document, please call (850) 245-6052.

Derrick Thompson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000413176
Letter Number: 820A00024272

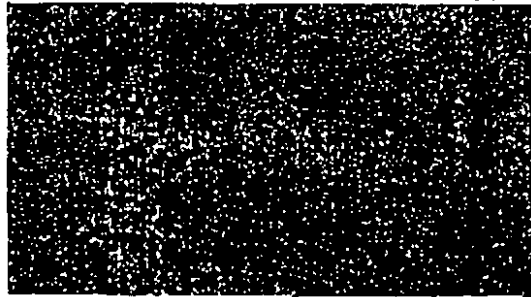
COVER LETTER

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

SUBJECT: ARSENAL SOLUTIONS 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, FL 33135
 City, State & Zip

7664997132
 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: ARSENAL SOLUTIONS MIAMI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9845 NW 3 RD CT, UNIT 5

PLANTATION, FL 33324

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: DAVID GONZALEZ P

Name and Title: _____

Address 9845 NW 3 RD CT UNIT 5

Address: _____

PLANTATION, FL 33324

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: GONZALEZ DAVID
Address: 9845 NW 3RD CT UNIT 5
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GONZALEZ DAVID
Address: 9845 NW 3 RD CT UNIT 5
PLANTATION, FL 33324

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/04/2020 (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

David Gonzalez

Required Signature/Registered Agent

12/04/2020
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.

David Gonzalez

Required Signature/Incorporator

Date 12/04/2020