

Jan. 22, 2021 10:03AM

P21000004850

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000029969 3)))



H210000299693ABC5

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 : KIJJOENNA 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.****

Email Address: _____

21 JAN 22 11:08:31

**FLORIDA PROFIT/NON PROFIT CORPORATION
CRIADERO EL IMPERIO, INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
JAN 25 2021

Jan. 22. 2021 10:04AM

COVER LETTER

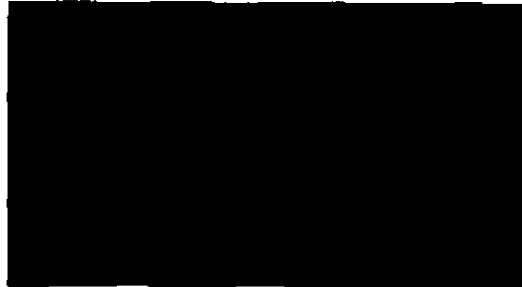
No. 0263 P. 5

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

SUBJECT: CRIADERO EL IMPERIO
(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
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.

Jan. 22. 2021 10:04AM

No. 0263 P. 6

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: CRIADERO EL IMPERIO, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18200 SW 48 ST

SOUTH WESTRANCHE, FL 33331

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: KERIN MENCAS P Name and Title: _____

Address 18200 SW 48 ST Address: _____

SOUTH WESTRANCHE, FL 33331

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Jan. 22, 2021 10:04AM

No. 0263 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: MENCIA KERIN

Address: 18200 SW 48 ST

SOUTH WESTRANCHES, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MENCIAS KERIN

Address: 18200 SW 48 ST

SOUTH WESTRANCHES, FL 33331

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/22/2021 (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

Mencia Kerin
Required Signature/Registered Agent

01/22/21
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.

Mencias Kerin
Required Signature/Incorporator

01/22/21
Date