Florida Department of State

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA 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: | | | | |
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| | | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION KATHY ESTEVEZ, PA

| Certificate of Status | 0 |
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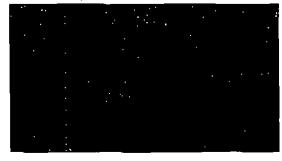
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Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

| | KATHY ESTEVEZ, PA | |
|----------|---|--|
| SUBJECT: | | |
| | (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 | 1 \$78.75 Filing Fee | Filing Fee & Certificate of Status



| FROM: | KIJOENNA SERVICES, INC | | | | |
|----------------|--|--|--|--|--|
| 1 100:VI | 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 corpora | tion shall be: | KATHY ESTE | EVEZ, PA | |
|--|----------------------|-------------|-----------------|------------------------------|
| ARTICLE II PRING | | | | ng address, if different is: |
| | | | ···· | |
| ARTICLE III PURP The purpose for which | | REAL EST | TATE | |
| | | | | |
| | | · . | | |
| | | | | |
| | | | , , | |
| ARTICLE V INITI. | stock is: | RECTORS | | |
| Name and Titl | | | | |
| Address | 20888 NW FIRST ST | | Address: | |
| | PEMBROKE PINES, FL 3 | 13029 | | |
| | | | | |
| Name and Title | · | | Name and Title: | |
| Address | | | Address: | <u> </u> |
| | - | | | <u> </u> |
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| Name and Title | • | | Name and Title: | - |
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| Address | | | Address: | |
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