

Florida Department of State

P21000137163

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4/9/21
SA

To:

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

From:

Account Name : KIJONNA SERVICES INC
Account Number : I2008000033
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
KATHY ESTEVEZ, PA**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 APR -8 AM 9:24

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: KATHY ESTEVEZ, PA
(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
 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 corporation shall be: KATHY ESTEVEZ, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
2088 NW 1 ST

Mailing address, if different is:

PEMBROKE PINES, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHY ESTEVEZ P Name and Title: _____

Address 20888 NW FIRST ST Address: _____

PEMBROKE PINES, FL 33029

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: KATHY ESTEVEZAddress: 20888 NW FIRST STPEMBROKE PINES, FL 33029**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ESTEVEZ KATHYAddress: 20888 NW 1 STPEMBROKE PINES, FL 33029**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/07/2021 (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*Kathy Estevez

Required Signature/Registered Agent

04/07/2021

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.*Kathy Estevez

Required Signature/Incorporator

04/07/2021

Date