Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : KIJOENNA 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 SKI RENTAL AND WATERCRAFT SPORTS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Help

COVER LETTER

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

SUBJECT: SKI RENTAL AND WATERCRAFT SPORTS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

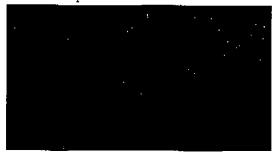
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

12 \$70.00 Filing Fee

· 3 \$78.75

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)

ICLE II PR	INCIPAL OFFICE		
	Principal <u>street</u> addicss LIMS AVE	Mailing address, if di	
		N	
MIAMI BEACH	1 FL 33141		
CLE III PUI urpose for whi	PPOSE the the corporation is organized is: ALL	PROPOSE	
			
			
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Apr. 27. 2021 - 3	0:30PM		No. 0430 - P. 7/7
Name and	Title:	Name and Title:	
Address		Address:	
	 -		
		··	
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	JORGE LUIS ZAPATA RENTERIA		
Address:	9040 COLLINS AVE, APT 107		
	MIAMI BEACH FL. 33141		
ARTICLE VII 1:			
The name and add	ress of the Incorporator is:		
Name:	ZAPATA RENTERIA JORGE LUIS		
Address:	9040 COLLINS AVE APT 107		
	MIAMI BEACH, FL 33141		
	EFFECTIVE DATE: ther than the date of filing:04/27/20	. (OPTION.	AL)
(If an effective da filing.)	te is listed, the date must be specific and ca	nnot be more than five day	s prior or 90 days after the
., .	nserted in this block does not meet the applica	able statutory filing requirem	nents, this date will not be listed as
	ective date on the Department of State's reco		ioning this trace will her of holds h
Having been name certificate, I am fai	d as registered agent to accept service of proce miliar with and accept the appointment as reg	ess for the above stated corpor istered agent and agree to acc	ration at the place designated in th t in this capacity
lange 1	Required \$ignature/Registered Agent		04/27/2021
- V - / /	Required Signature/Registered Agent	A141% 440	Datc
	ment and affirm that the facts stated herein epartment of State constitutes a third degree for		
\&\<\&	Duis Fapate R		04/27/2021
Required Signature			Date

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