

May 27, 2021 11:53AM

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Division of Corporations

No. 0502 P. 2

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 : 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  
WALTER CRUZ CONCRET, INC

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

FILED  
21 MAY 27 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

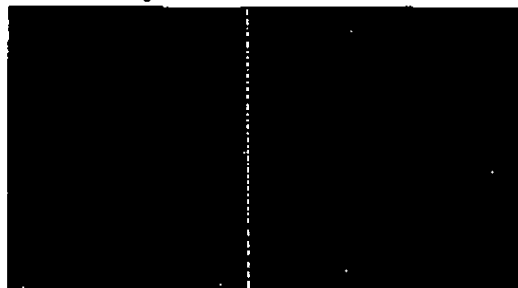
No. 0502 P. 5

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

SUBJECT: WALTER CRUZ CONCRET, 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

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.

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**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:

WALTER CRUZ CONCRET, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17200 SW 296 TH ST

HOMESTEAD, FL 33030

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AL PROPOSE

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA FATIMA MEJIA PONCE P

Name and Title:

Address 17200 SW 296 TH ST

Address:

HOMESTEAD, FL 33030

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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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: MARIA FATIMA MEJIA PONCE

Address: 17200 SW 296 TH ST

HOMESTEAD, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MEJIA PONCE MARIA FATIMA

Address: 17200 SW 296 TH ST

HOMESTEAD, FL 33030

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/27/2021 (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*

Maria Fatima Mejia Ponce 05/27/2021  
Required Signature/Registered Agent 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.*

Maria Ponce Maria fatima 05/27/2021  
Required Signature/Incorporator Date