

P2100054022

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 : KIDJOENNA 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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
RAYITO DE LUZ HEATH CARE, INC

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

6/9/21
6/9/21

2021 JUN -8 PM 1:39

FILED

Jun. 8. 2021 8:36AM

COVER LETTER

No. 0528 P. 5

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

SUBJECT: RAYITO DE LUZ HEATH CARE, 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.

RECEIVED
JUN 10 2021 3 PM 1:39
STATE OF FLORIDA

Jun: 30 2021 3:37AM

No. 0528 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: RAYITO DE LUZ HEATH CARE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1334 NW 58 TERRA

Mailing address, if different is:

MIAMI FL 33142

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: SONIA BERRIO DIAZ P Name and Title: _____

Address 1334 NW 58 TERRA Address: _____

MIAMI, FL 33142 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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JUN 30 2021
3:37 PM
FILED

Jun. 6. 2021 6:37AM

No. 0528 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: SONIA BERRIO DIAZ
Address: 1334 NW 58 TERRA
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BERRIO DIAZ SONIA
Address: 134 NW 58 TERRA
MIAMI, FL 33142

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/08/2021. (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

Sonia Berrio Diaz 06/08/2021
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.

Sonia Berrio Diaz 06/08/2021
Required Signature/Incorporator Date

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JUN 8 2021
PM 1:39