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Jun. 9. 2021 2:24 M

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : KIJONNA 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
MIAMI DESDE EL MAR, INC**

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

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COVER LETTER

No. 0533 P. 5

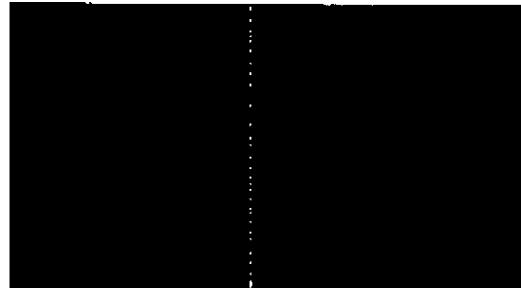
Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MIAMI DESDE EL MAR, 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status



FROM: KRIJOENNA 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)

No. 0533 P. 6

ARTICLE I NAME

The name of the corporation shall be: MIAMI DESDE EL MAR, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

850 NW 42 ND AVE, APT 337

MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PROPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANDIS MARQUEZ VIRGUEZ P

Name and Title: _____

Address 850 NW 42 ND AVE, APT 337

Address: _____

MIAMI, FL 33126

Name and Title: GEORGE VALDEZ VP

Name and Title: _____

Address 850 NW 42 ND AVE, APT 337

Address: _____

MIAMI, FL 33126

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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No. 0533 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: FRANDIS MARQUEZ VIRGUEZ

Address: 850 NW 42 ND AVE, APT 337

MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARQUEZ VIRGUEZ FRANDIS

Address: 850 NW 42 ND AVE, APT 337

MIAMI, FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/09/2021 (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

Frandis Marquez Virquez
Required Signature/Registered Agent

06/08/2021

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.

Frandis Marquez Virquez
Required Signature/Incorporator

Date 06/09/2021