

P2100056375

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 : KIDJENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

21 JUN 14 AM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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
ZAGA FENCE CONTRACTOR, INC**

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

2021 JUN 14 PM 4:07

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Corporate Filing Menu

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SB
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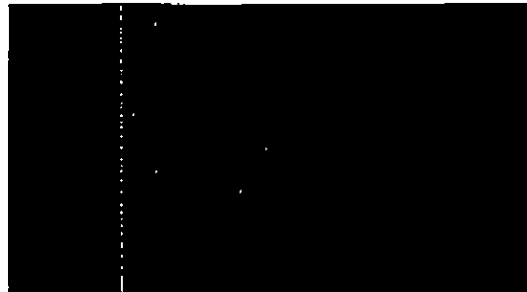
COVER LETTER

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

SUBJECT: ZAGA FENCE CONTRACTOR, 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: 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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TALLAHASSEE, FL 32314

Jun. 14. 2021 1:51PM

No. 0547 P. 7

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

ZAGA FENCE CONTRACTOR, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

3506 E 23 ST

ALVA, FL 33920

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSTALLATION, REPAIR AND MAINTENANCE THE FENCE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REGLA LASTRA

P

Name and Title: _____

Address 3506 E 23 ST

Address: _____

ALVA, FL 33920

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jun. 14. 2021 1:52PM

No. 0547 P. 8

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: REGLA LASTRA

Address: 3506 E 23 ST

ALVA, FL 33920

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LASTRA REGLA

Address: 3506 E 23 ST

ALVA, FL 33920

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/14/2021 (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

Regla Lastra

Required Signature/Registered Agent

06/14/2021

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.

Regla Lastra

Required Signature/Incorporator

06/14/2021

Date

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