

**P2 100057434**

Florida Department of State  
Division of Corporations  
Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000237752 3)))



H210002377523\*5C3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : KIJJOENNA 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  
FAM SECURITY SYSTEM SOLUTIONS, INC**

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

RECEIVED

2021 JUN 17 PM 4:23

2021 JUN 17 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 18 2021

T. SCOTT

Jun. 17. 2021 2:46PM

## COVER LETTER

No. 0567 . P. 6

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

FAM SECURITY SYSTEM SOLUTIONS, INC

SUBJECT: \_\_\_\_\_  
(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: \_\_\_\_\_  
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.

Jun. 17. 2021 2:46PM

ARTICLES OF INCORPORATION

No. 0567 P. 7

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

ARTICLE I NAME

The name of the corporation shall be: FAM SECURITY SYSTEM SOLUTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
9320 FOUNTAINEBLUE BLVD, APT B 111

Mailing address, if different is:

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installation, Repair and Maintenance  
Of Security System

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FELIPE ALARCON ARANGO P

Name and Title:

Address 9320 FOUNTAINEBLUE BLVD, APT B 111

Address:

MIAMI, FL 33172

Name and Title: MAGDA MERCADO GUEVARA VP

Name and Title:

Address 9320 FOUNTAINEBLUE BLVD, APT B 111

Address:

MIAMI, FL 33172

Name and Title:

Name and Title:

Address

Address:

FILED  
2021 JUN 17 AM 10:26  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

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: FELIPE ALARCON MIRANDA  
Address: 9320 FOUNTAINEBLUE BLVD, APT B 111  
MIAMI, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALARCON ARANGO FELIPE  
Address: 9320 FOUNTAINEBLUE BLVD, APT B 111  
MIAMI, FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/17/2021 (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*

Felipe Alarcon Miranda  
Required Signature/Registered Agent

06/17/2021  
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.*

Felipe Alarcon Miranda  
Required Signature/Incorporator

06/17/2021  
Date