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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA 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:			
	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION CARGONAM EXPORT, INC

Certificate of Status	0
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SUN 18 2021

T. SCOTT

COVER LETTER

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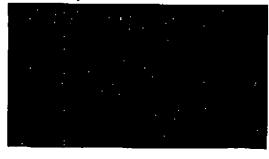
SUBJECT: CARGONAM EXPORT, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

X□ \$78.75 □ \$70.00 Filing Fee Filing Fcc

& Certificate of Status



FROM:	KLIOENNA SERVICES, INC. Name (Printed or typed)				
	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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No. 0566 P. 7

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

CLE II PRI	(CIPAL OFFICE				
	Principal street address		:	Mailing address	if different is:
77 NW 68 ST.			•	acoutess	
AMI, FL 33166	·				
				_	
CLE III PUR	2051				
rpese for which	the corporation is organize	ed is: Im C	on and	G X Dr	1
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Name and	l Title:	_ Name and Title	<u>:</u>
Address		Address:	
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ARTICLE VI R The name and Flo	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable) o	f the registered age	nt is:
Name:	JOSE IGNACIO GALLO DIAZ	r mo registered age	III 15.
Address:	8377 NW 68 ST	-	
	MIAMI, FL 33166	_	
		_	
ARTICLE VII 1	NCORPORATOR		
The name and add	dress of the Incorporator is:		
Name;	GALLO DIAZ JOSE IGNACIO	_	
Address:	8377 NW 68 ST	_	
	MIAMI,FL 33166		
		_	
Effective date, if o	ther than the date of filing:	/2 <u>52/</u> . (OP ot be more than fi	TIONAL) ve days prior or 90 days after the
Note: If the date is the document's eff	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing rec	quirements, this date will not be listed as
Having been name certificate, I am fai /	d as registered agent to accept service of process fi miliar with and accept the appointment as register	or the above stated red agent and agree	corporation at the place designated in this to act in this capacity
<u> </u>	Required Signature/Registered Agent		06/17/2021 Date
submit this docu	ment and affirm that the facts stated herein are	true. I ain aware	that the false information submitted in a
aocument to the De	epartment of State constitutes a third degree felon	y as provi <mark>ded for in</mark>	(s.817.155, F.S.
8 S.C.	i 940 Cio Gallo.		06/17/2021
and with the	a rue con buse arrive		Date

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