

**P2100061216**

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 : 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  
ALNHOA FURNITURE CORP**

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

2021 JUN 30 PM 5:01

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

21 JUN 30 PM 12:43

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Corporate Filing Menu

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JUL 01 2021

Jun. 30. 2021 4:01PM

## COVER LETTER

No. 0603 P. 5

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

SUBJECT: ALNHOA FURNITURE CORP  
(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.

Jun. 30. 2021 4:01PM

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

No. 0603 P. 6

**ARTICLE I NAME**

The name of the corporation shall be: ALNHOA FURNITURE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8377 NW 68 ST

MIAMI, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: IMPORT AND EXPORT FURNITURE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSE IGNACIO GALLO

P

Name and Title: \_\_\_\_\_

Address 8377 NW 68 ST

Address: \_\_\_\_\_

MIAMI, FL 33166

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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21 JUN 30 PM 2:43  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

60

Jun. 30. 2021 4:01PM

No. 0603 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: JOSE IGNACIO GALLO

Address: 8377 NW 68 ST

MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GALLO JOSE IGNACIO

Address: 8377 NW 68 ST

MIAMI, FL 33166

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/24/2021 (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*

Jose Ignacio Gallo 06/24/2021  
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.*

Jose Ignacio Gallo 06/24/2021  
Required Signature/Incorporator Date