

1. 2021 2:28PM

Division of Corporations

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
RUSTICOSTOYS, INC

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

2021 JUL -1 PM 2:15

21 JUL -1 PM 9:07

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Corporate Filing Menu

Help

No. 0606 P. 5

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

RUSTICOSTOYS, 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: KJOENNA 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.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: RUSTICOSTOYS, INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2496 CENTER GATE DR. # 108MIRAMAR, FL 33025ARTICLE III PURPOSEThe purpose for which the corporation is organized is: IMPORT AND EXPORTARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ADOLFO ANTONIO GONCALVE P Name and Title: _____Address 2496 CENTER GATE DR, # 108 Address: _____MIRAMAR, FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: ADOLFO ANTONIO GONCALVES
Address: 2496 CENTER GATE DR, # 108
MIRAMAR, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GONCALVES ADOLFO ANTONIO
Address: 2496 CENTER GATE DR, # 108
MIRAMAR, FL 33025

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2021 (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

Adolfo Antonio Goncalves
Required Signature/Registered Agent

07/01/2021

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.

Adolfo Antonio Goncalves
Required Signature/Incorporator

07/01/2021

Date