

Jul 19, 2021 8:50AM

Division of Corporations

No. 0629

P21 000065968

Florida Department of State
Division of Corporations
Electronic 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.

((H21000269544 3)))



H210002695443ABCO

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 : 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
C.H FLORIDA REPAIR, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 JUL 19 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 JUL 19 AM 8:52
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

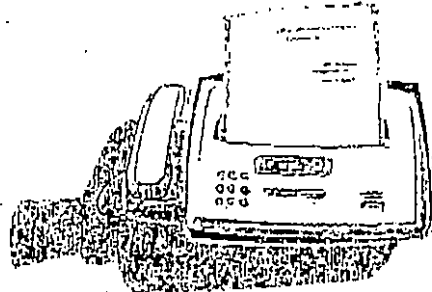
Help

Jul 19, 2021 8:50AM

No. 0622 P. 1

P21 000065968

KIJOENNA SERVICES, INC



FACSIMILE TRANSMITTAL SHEET

TO: C.H. Florida Repair, Inc
Merchant Services
Company:

FROM:

KIJOENNA SERVICES INC

DATE: 07/13/2021

07/19/2021

Fax Number:

Total # of Pages Including Cover:

Phone Number:

786-499-7132/ 305-644-3056

Sender's Fax Number:

305-644-3052

RE:

Please we want to have an answer from
this Company. Thank.

2021 JUL 19 AM 10:00

SECURITY DEPT
TALLAHASSEE, FLORIDA

RECEIVED
TALLAHASSEE, FLORIDA

21 JUL 19 AM 8:52

FILED

S3
7.20.21

Jul 19, 2021 8:51AM

COVER LETTER

No. 0629 P. 5

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

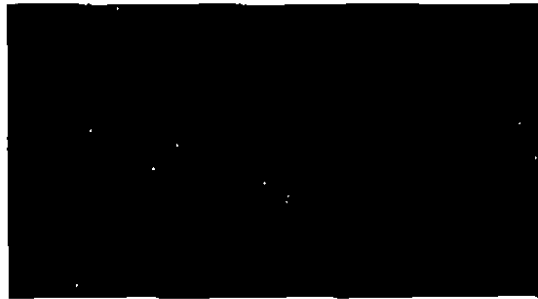
C.H FLORIDA REPAIR, INC

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)

21 JUL 19 AM 8:52
TALLAHASSEE, FL
SECRETARY OF STATE

FILED

NOTE: Please provide the original and one copy of the articles.

Jul 19, 2021 8:51AM

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

No. 0629 P. 6

ARTICLE I NAME

The name of the corporation shall be: C.H FLORIDA REPAIR, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
7641 NW 16 TH AVE

Mailing address, if different is:

MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTIONS AND GENERAL REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS HERRERA NUNEZ P

Name and Title:

Address 7641 NW 16 TH

Address:

MIAMI, FL 33147

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
21 JUL 19 AM 8:52
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

Jul 19, 2021 8:51AM

No. 0629 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: CARLOS HERRERA NUNEZ
Address: 7641 NW 15 TH AVE
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERRERA NUNEZ CARLOS
Address: 7641 NW 16 TH AVE
MIAMI, FL 33147

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/13/2021 (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

Carlos Herrera Nunez
Required Signature/Registered Agent

07/13/2021

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.

Carlos Herrera Nunez
Required Signature/Incorporator

07/13/2021

Date

21 JUL 19 AM 8:52
SUN
TALLAHASSEE, FL 32301

FILED