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To:

Division of Corporations

Fax Number : (850)617-6381

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: ___

FLORIDA PROFIT/NON PROFIT CORPORATION JA GLOBAL RENOVATIONS, INC

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T. SCOTT

COVER LETTER

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

JA GLOBAL RENOVATIONS,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

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& Certificate of Status



EDANA.	KIJOENNA SERVICES, INC				
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.

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

CTICLE I NAME c name of the corpora	tion shall be:	A GLOBAL RENOVATIONS, I	
20888 NW 1 ST	Principal street address		Mailing address, if different is:
PEMBROKE PINES	SS, FL 33029		
TICLE III PURPO purpose for which t	he corporation is organized is		·
			
TICLE IV SHAR, number of shares of	 1. : 100		
number of shares of	stock is:	<u> </u>	itle:
number of shares of	stock is:	P Name and T	itle:
number of shares of FICLE V INITIA Name and Title	L OFFICERS AND/OR DIRE KATHY ESTEVEZ 20888 NW 1 ST PEMBROKE PINES, FL 33	P Name and To Address:	
number of shares of FICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIR KATHY ESTEVEZ 20888 NW 1 ST	P Name and T Address:	
number of shares of TICLE V INITLA Name and Title Address	L OFFICERS AND/OR DIR KATHY ESTEVEZ 20888 NW 1 ST PEMBROKE PINES, FL 33	P Name and T Address:	itle:
Name and Title Name and Title	L OFFICERS AND/OR DIR KATHY ESTEVEZ 20888 NW 1 ST PEMBROKE PINES, FL 33	P Name and T Address: 3029 Name and T	itle:
number of shares of TICLE V INITIA Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIR KATHY ESTEVEZ 20888 NW 1 ST PEMBROKE PINES, FL 33	P Name and T Address: Name and T Address: Address:	itle:
Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIR KATHY ESTEVEZ 20888 NW 1 ST PEMBROKE PINES, FL 33	P Name and T	itle:

g. 12. 2021 3:0	0 PM		No. 0657 P. 7
Name and Tit	le:	Name and Title:	· : .
.Addr e ss		Address:	
		<u>-</u>	
	SISTERED AGENT	of the registered agent is:	
he <u>name and Florid</u> Name:	a street address (P.O. Box NOT acceptable) KATHY ESTEVEZ	of the registered agenciss.	
Address:	20888 NW 1 ST		
	PEMBROKE PINES, FL 33029	_	
ARTICLE VII _INC	CORPORATOR		
The name and addre	ss of the Incorporator is:		
Name:	ESTEVEZ KATHY		
Address:	20888 NW 1 ST		
	PEMBROKE PINES, FL 33029		
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	FECTIVE DATE: er than the date of filing: 08/02/2021 is listed, the date must be specific and car	(OPTION nnot be more than five da	AL) vs prior or 90 days after the
Note: If the date inse	erted in this block does not meet the applica tive date on the Department of State's recor	ble statutory filing requiren ds.	nents, this date will not be listed a
certificate, Lam fami	as registered agent to accept service of procedure with and accept the appointment as regi	stered agent and agree to ac	ration at the place designated in the in this capacity
Kali	Required Signature/Registered Agent		<u>08/02/2021</u> Date
I submit this docum	ent and affirm that the facts stated herein artment of State constitutes a third degree fo	are true. I am aware that t	he false information submitted in 7.155, F.S.
Required Signature/I	athy Esteria		Date 08/02/202