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 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : KIDJENNA SERVICES INC
 Account Number : I20080000033
 Phone : (305)644-3055
 Fax Number : (305)644-3052

2021 SEP 10 PM 4:16

****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
 CALI SERVICES PRODUCTION, INC**

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

2021 SEP 10 AM 8:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Sep. 9. 2021 4:12PM

COVER LETTER

No. 0702 P. 5

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

SUBJECT: CALI SERVICES PRODUCTION, INC
(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

E-mail address: (to be used for future annual report notification)

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

Sep. 9. 2021 4:12PM

No. 0702 P. 6

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

ARTICLE I NAME

The name of the corporation shall be: CALI SERVICES PRODUCTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12078 SCRUB PALM DR

Mailing address, if different is:

ORLANDO, FL 32824

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN SEBASTIAN ARIAS MERA ^P Name and Title: _____

Address 12078 SCRUB PALM DR Address: _____
ORLANDO, FL 32824

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 SEP 10 PM 4:16

Sep. 9. 2021 4:12PM

No. 0702 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: JUAN SEBASTIAN ARIAS MERA

Address: 12078 SCRUB PALM DR

ORLANDO, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN SABASTIAN ARIAS MERA

Address: 12078 SCRUB PALM DR

ORLANDO, FL 32824

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/09/2021 (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

Juan Sebastian Arias Mera
Required Signature/Registered Agent

09/09/2021
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.

Juan Sebastian Arias Mera
Required Signature/Incorporator

09/09/2021
Date