

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**P210003405313**

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H210003405313ABCT

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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**  
**POWER MJ, INC**

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

9/16/21  
*[Signature]*

2021 SEP 15 AM 9:52

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: POWER MJ 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: KRISOENNA SERVICES, INC.  
Name (Printed or typed)  
2141 SW 1 ST SUITE 110  
Address  
MIAMI, FL 33135  
City, State & Zip  
7864997132  
Daytime Telephone number  
KRISOENNA@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 NAME

The name of the corporation shall be: POWER MJ, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
2141 SW 1 ST STREE STE 110

Mailing address, if different is:

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID FLORES

P

Name and Title:

Address 2141 SW 1 ST STREE STE 110

Address:

MIAMI, FL 33135

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: FLORES DAVID  
 Address: 2141 SW 1 ST STREE STE 110  
MIAMI, FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID FLORES  
 Address: 2141 SW 1 ST STREE STE 110  
MIAMI, FL 33135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/14/2021 (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*

David Flores 09/14/2021  
 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.*

David Flores 09/14/2021  
 Required Signature/Incorporator Date

09/14/2021