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 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

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

SEP 28 2021
 FALL WASTE FL

2021 SEP 28 AM 8:50

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****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
MPK ELECTRIC SERVICES INC

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

2021 SEP 28 AM 10:14

SEP 28 2021
 FALL WASTE FL

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

SUBJECT: MPK ELECTRIC SERVICES INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$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

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.

Sep. 27. 2021 4:15PM

No. 0730 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: MPK ELECTRIC SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:

2145 SW 50 AV

FORT LAUDERDALE FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ELECTRIC

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KERIN MENCAS P Name and Title: _____

Address 2145 SW 50 AVE Address: _____

FORT LAUDERDALE _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SEP 28 AM 9:50

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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: KERIN MENCAS

Address: 2145 SW 50 AVE
FORT LAUDERDALE, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MENCAS KERIN

Address: 2145 SW 50 AVE
FORT LAUDERDALE, FL 33317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/27/2021 (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

Kerin Mencas
Required Signature/Registered Agent

09/27/2021

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 §817.155, F.S.

Kerin Mencas
Required Signature/Incorporator

Date 09/27/2021