Oct. 5. '2021 4:32PM No. 0769 P. 2

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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 : 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:_____

2021 OCT -6 AM 8:05

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FLORIDA PROFIT/NON PROFIT CORPORATION
GUAITA & SON SERVICES CORP

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

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COVER LETTER

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

SUBJECT: GUAITA & SON SERVICES CORP
(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 Filing Fee

☒ $78.75 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.

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: GUAITA & SON SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

2139 MADISON ST APT B

HOLLYWOOD FL 33020

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL CLEANING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARVELIS GUAITA P

Address: 2139 MADISON ST APT B
HOLLYWOOD FL 33020

Name and Title:

Address:

Name and Title: DAVIDSSON ANDRADE GUAITA VP

Address: 2139 MADISON ST APT B
HOLLYWOOD FL 33020

Name and Title:

Address:

Name and Title: AYRTON ANDRADE VP

Address: 2139 MADISON ST APT B
HOLLYWOOD FL 33020

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: ARVELIS GUAITA

Address: 2139 MADISON ST APT B

HOLLYWOOD FL 33020

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: GUAITA ARVELIS

Address: 2139 MADISON ST APT B

HOLLIWOOD FL 33020

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/05/2021 (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

Arvelis Guaita
Required Signature/Registered Agent

10/05/2021
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.

Arvelis Guaita
Required Signature/Incorporator

Date 10/05/2021