

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 : KIJONNA 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
PSG TRANSPORT, INC**

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

OCT 22 2021

T. SCOTT

2021 OCT 21 AM 10:09

STATE OF FLORIDA

COVER LETTER

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

SUBJECT: PSG TRANSPORT 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

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.

Oct. 21. 2021 8:51AM

No. 0815 P. 7

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

ARTICLE I NAME

PSG TRANSPORT INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1940 MARSEILLE DR APTO #4

MIAMI BEACH, FL 33141

ARTICLE III PURPOSE

GENERAL TRANSPORTATION

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: _____

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GILSON SCHNAIDER

P

Name and Title: _____

Address

1940 MARCEILLE DR APTO # 4

Address: _____

MIAMI BEACH, FL 33141

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 OCT 21 AM 10:42
NOTARIAL PUBLIC
STATE OF FLORIDA

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: GILSON SCHNAIDER

Address: 1940 MARSEILLE DR APTO # 4

MIAMI BEACH, FL 33141

ARTICLE VII INCORPORATOR

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

Name: GILSON SCHNAIDER

Address: 1940 MARSEILLE DR APTO # 4

MIAMI BEACH, FL 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/21/2021 (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

Gilson Schnaider
Required Signature/Registered Agent

10/21/2021
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.

Gilson Schnaider
Required Signature/Incorporator

Date 10/21/2021