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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 : KIDENNA 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
M.L CONSTRUCTION AND SERVICES INC**

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

2021 NOV -8 PM 1:17

FLORIDA DEPARTMENT OF STATE

2021 NOV -8 PM 10:02

COVER LETTER

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

SUBJECT: M.L CONSTRUCTION AND 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:

☐ \$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

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 NAMEThe name of the corporation shall be: M.L CONSTRUCTION AND SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
8540 NW 188 TERRACE APTO 2402

Mailing address, if different is:

HIALEAH, FL 33015**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: JAVIER MORILLO

P

Name and Title: _____

Address 8540 NW 188 TERRACE APTO 2402

Address: _____

HIALEAH, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 NOV 8 PM 10:22

Nov. 3. 2021 11:48AM

No. 0027 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: JAVIER MORILLO
Address: 8540 NW 188 TERRACE APTD 2402
HIALEAH FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAVIER MORILLO
Address: 8540 NW 188 TERRACE APTD 2402
HIALEAH FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/01/2021 (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

Javier Morillo 10/28/2021
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.

Javier Morillo 11/01/2021
Required Signature/Incorporator Date