

Nov. 12. 2021 2:42PM

No. 0322 P. 3

P210004018153

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210004018153ABCW

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To:

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

From:

Account Name : KIJONNA SERVICES INC
Account Number : I2008000033
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
MEGA SOLUTION SERVICES INC

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

2021 NOV 12 PM 3:50

CALL 850-487-3100 FOR ASSISTANCE

2021 NOV 12 AM 9:02

COVER LETTER

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

MEGA CLEANING SOLUTION INC

SUBJECT: _____ (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

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.

Nov. 12. 2021 2:43PM

No. 0332 P. 7

ARTICLES OF INCORPORATION

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

MEGA CLEANING SOLUTION INC

ARTICLE I NAME

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
1605 63 RD WAY S WEST

Mailing address, if different is: _____

____ PALM BEACH, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIRELY SANTOS

P

Name and Title: _____

Address 1605 63 RD WAY S WEST

Address: _____

PALM BEACH, FL 33415

Name and Title: BRAYAN GALVEZ

VP

Name and Title: _____

Address 1605 63 RD WAY S WEST

Address: _____

PALM BEACH, FL 33415

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: MIRELY SANTOS
Address: 1605 63 RD WAY S WEST
PALM BEACH, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIRELY SANTOS
Address: 1605 63 RD WAY S WEST
PALM BEACH, FL 33415

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/12/2021 (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

Mirely Santos
Required Signature/Registered Agent

11/12/2021
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.

Mirely Santos
Required Signature/Incorporator

Date 11/12/2021