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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 : KIJJOENNA SERVICES INC  
Account Number : 120080000033  
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  
JACOB PLUMBER INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 DEC 16 PM 12:48

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 DEC 16 PM 12:48

## COVER LETTER

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

SUBJECT: JACOB PLUMBER 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: KIJOEENNA 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.

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

ARTICLE I NAME

The name of the corporation shall be: JACOB PLUMBER, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

551 NW 90 ST EL PORTAL

Mailing address, if different is:

MIAMI, FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AN ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESTHER JACOB HONDOY MONTOYA Name and Title:

Address 551 NW 90 ST, EL PORTAL Address:

MIAMI, FL 33150

Name and Title: Name and Title:

Address Address:

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: LESTHER HONDOY  
 Address: 551 NW 90 ST, EL PORTAL  
MIAMI, FL 33150

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LESTHER HONDOY  
 Address: 551 NW 90 ST, EL PORTAL  
MIAMI 33150

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/15/2021 (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*

Lesther Hondoy  
 Required Signature/Registered Agent

12/15/2021

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.*

Lesther Hondoy  
 Required Signature/Incorporator

Date

2021 DEC 16 PM 6:42  
 ALL STATE RECORDS