ote: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Car		
	Fax Number	: (859)617-6381	3
From:		·	· •
From:			
	Account Name	: KIDOENNA SERVICES INC	
	Account Number	: I20080000033	
	Phone	: (305)644-3055	
	Fax Number	: (305)644-3052	ī - <i>.</i>
**Enter	the email addres	s for this business entity to be used for	fiiture
		ngs. Enter only one email address please.	
r	ail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION FLA INTERNATIONAL TRADE INC

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

T. SCOTT

COVER LETTER

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

SUBJECT:	FLA INTERNATIONAL TRADE INC
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

[X \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status



FROM:	KLIOENNA 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 funce annual report polification)

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)

	Principal <u>street</u> address NE DR APT 702	•	ddress, if different is:
OMESTEAD, FL 33	033		
ICLE III PURPO		NO ALL LAWFUL BUSINESS	
ourpose for which th	c corporation is organized is:	<u> </u>	
	_ ·		·····
			
·			
	200k is: 100		
TICLE V INITIA	tock is: 100 LOFFICERS AND/OR DIRECTORS		
number of shares of s FICLE V INITIAL Name and Title:	tock is:100	P Name and Title:	
number of shares of s	tock is: 100 LOFFICERS AND/OR DIRECTORS ALFARO FREDDY	P Name and Title:	
number of shares of s FICLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTORS ALFARO FREDDY 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033	P Name and Title:Address:	
number of shares of s FICLE V INITIAL Name and Title: Address	ALFARO FREDDY 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033	P Name and Title:	
number of shares of s FICLE V INITIAL Name and Title: Address Name and Title:	ALFARO FREDDY 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033 HERNANDEZ PATRICIA VP	P Name and Title: Address: Name and Title:	22 A.
number of shares of s FICLE V INITIAL Name and Title: Address Name and Title:	ALFARO FREDDY 13256 OLD BISCAYNE DR APT 702 HERNANDEZ PATRICIA VP 13256 OLD BISCAYNE DR APT 702	P Name and Title: Address: Name and Title:	22 JAN
Name and Title: Address Address	ALFARO FREDDY 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033 HERNANDEZ PATRICIA VP 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033	P Name and Title: Address: Name and Title: Address:	22 JAW - 3 F
Name and Title: Address Address	ALFARO FREDDY 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033 HERNANDEZ PATRICIA VP 13256 OLD BISCAYNE DR APT 702 HOMESTEAD, FL 33033	P Name and Title: Address: Name and Title: Address: Name and Title:	22 JAW - 3 F

Jan. 3: 2022 12 Name and		Name and Title:	No. 0906 P. 7
	Title:		
Address		Address:	
			 -
ARTICLE VI RI	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	FREDDY ALFARO		
Address:	13256 OLD BISCAYNE DR APT 702	_	
	HOMESTEAD, FL 33033		
ARTICLE VII I	NCORPORATOR		
	ress of the Incorporator is:		
	FREDDY ALFARO		
Name:	13256 OLD BISCAYNE DR APT 702	_	
Address:	-	<u> </u>	
	HOMESTEAD FL 33033		
ARTICI E VIII - F	FFECTIVE DATE:		
Effective date, if of	her than the date of filing: 01/03/2022	(OPTIONA	J.)
filing.)	te is listed, the date must be specific and can	not be more than live days	prior or 90 days after the
Note: If the date in	serted in this block does not meet the applicab	le statutory filing requireme	ents, this date will not be listed as
the document's effe	ective date on the Department of State's record	S.	
Having been named certificate, I am fan	d as registered agent to accept service of process niliar with and accept the appointment as regist	for the above stated corpore ered agent and agree to act	rtion at the place designated in the in this capacity
		_	01/03/2022
	Required Signature/Registered Agent		Date
I submit this docum	nent and affirm that the facts stated herein ar partment of State constitutes a third degree felo	e true. I am aware that the	e fulse information submitted in 155, F.S.
400	Arcorporator - /arx	, J	01/03/2022
Required Signature	Ancorporator - /		Date