

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P2200008492

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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
 KALM MULTI SERVICES CORP**

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

416

2022 FEB -7 PM 2:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 FEB -7 PM 3:46

FILED

Feb. 7. 2022 11:29AM

COVER LETTER

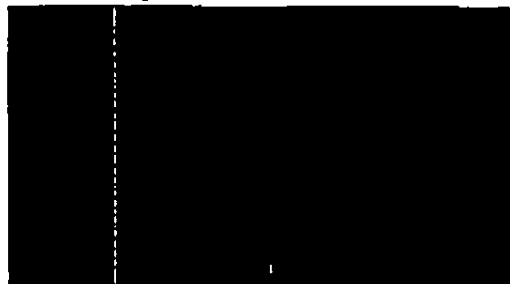
No. 0934 P. 5

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

SUBJECT: KALM MULTI SERVICES CORP
(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.

Feb. 7. 2022 11:29AM

ARTICLES OF INCORPORATION

No. 0934 P. 6

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

ARTICLE I NAME

The name of the corporation shall be:

KALM MULTI SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

1900 E 2 AVE

Principal street address

Mailing address, if different is:

HIALEAH, FL 33010

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: ANA M DELGADO MARTINEZ P

Name and Title:

Address 1900 E 2 AVE

Address:

HIALEAH, FL 33010

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2022 FEB -7 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Feb. 7. 2022 11:29AM

No. 0934 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: ANA M DELGADO MARTINEZ

Address: 1900 E 2 AVE
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA M DELGADO MARTINEZ

Address: 1900 E 2 AVE
HIALEAH, FL 33010

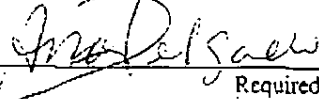
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/07/2022 (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.

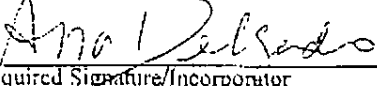
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/07/2022

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.


Required Signature/Incorporator

02/07/2022

Date

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TALLAHASSEE, FLORIDA