Note: 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.

(((H220000506913)))



| To: | |
|------------|--|
| Ιψ. | Division of Corporations |
| | Fax Number : (850)617-6381 |
| from: | 1 (1) 2 m |
| | Account Name : KIJOENNA SERVICES INC Account Number : I20080000033 Phone : (305)644-3055 |
| | Account Number : I20080000033 |
| | Dhona (305)644-3855 |
| *Enter | Fax Number : (305)644-3052 |
| anr | Fax Number : (305)644-3052 the email address for this business entity to be used for future and report mailings. Enter only one email address please.** |
| anr | Fax Number : (305)644-3052 the email address for this business entity to be used for future |
| enr Ema | Fax Number : (305)644-3052 the email address for this business entity to be used for future and report mailings. Enter only one email address please.** |

2022 FEB 14 EM 4: 43

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$70.00

S. CHATHAM

FEB 15 2022

COVER LETTER

FILED

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

22 FEB 14 PH 7:59

SESTETARY OF STATE TALEGRASSEE, FLORID:

| SUBJECT: | HEEREN COORPORATION | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 5550ECT | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | | | | |
| | □ \$78.75 Filing Fee & Conficate of Status | | | | | | | |
| FROM: | KIJOENNA SERVICES, INC | | | | | | | |
| (10.m | 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)

| J.E.H. PKING | TPAL OFFICE | | | • |
|--|---|--------------|--|---------------------------------------|
| Principal street address 1 SW 27 ST #3 | | | Mailing | address, if different is: |
| | | | | |
| | | | ~ . <u></u> | |
| | | | <u> </u> | |
| CLE III PURPO urpose for which th | <u>DSE</u> ne corporation is organized is: _ | ANY A | N ALL LAWFULL BUSINE | ss |
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| CLE <u>V INITIA</u> | L OFFICERS AND/OR DIREC | <u>CTORS</u> | Name and Title: | |
| CLE <u>V INITIA</u> | L OFFICERS AND/OR DIREC | <u>CTORS</u> | Name and Title: | |
| CLE V INITIA | L OFFICERS AND/OR DIREC | CTORS P | Name and Title: Address: | |
| CLE V INITIA | L OFFICERS AND/OR DIRECT AUGUSTO G HEEREN 2251 SW 27 ST # 3 MIAMI, FL 33133 | P | Name and Title: Address: | |
| CLE V INITIA Name and Title Address | L OFFICERS AND/OR DIRECT AUGUSTO G HEEREN 2251 SW 27 ST # 3 MIAMI, FL 33133 | P P | Name and Title: Address: | |
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| Name and Title Address Name and Title: Address | LOFFICERS AND/OR DIRECT AUGUSTO G HEEREN 2251 SW 27 ST # 3 MIAMI, FL 33133 | P | Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: | SESSE. |

| eb. 14. | 2022 3:1 | | | No. 0945 | |
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| | Name and 11 | tle: | Name and Title: | | |
| | Address | | Address: | | |
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| 400.00 | VEW AEC | March 10. Acres | | | |
| The nat | me and Florid | <u>ISTERED AGENT</u> a street address (P.O. Box NOT acce | otable) of the registered agent is: | | |
| Name: | _ | AUGUSTO G HEEREN | | | |
| Address | ss: | 2251 SW 27 ST # 3 | | | |
| | | MIAMI, ft. 33133 | | | |
| ARTIC | LE VTI INC | <u>ORPORATOR</u> | , | | |
| | | s of the Incorporator is: | | | |
| | | AUGUSTO G HEEREN | | | |
| Naп | • | | | | |
| Ad | dress: | 1900 E 2 AVE | | | |
| | | HIALLEAH, FL 33010 | | | |
| ARTIC | IFVII FF | FECTIVE DATE: | | | |
| Effectiv | e date, if other | than the date of filing: O 2 | /14/22 (OPTION | NAL) | |
| filing.) | meenve date i | s listed, the date must be specific an | a cannot be more than live di | ays prior or 90 day | s aller the |
| Note: I | if the date inse | rted in this block does not meet the ap | plicable statutory filing require | ments, this date will | not be listed a |
| the doct | ument's effecti | ve date on the Department of State's | records. | | |
| Having | been named as | registered agent to accept service of p | process for the above stated corp | oration at the place | designated in th |
| cernjica | $\langle A \rangle$ | ar with and accept the appointment as | _ | | |
| | <u>Vlice</u> | Required Signature/Registered Ag | rent | $-\frac{\sqrt{2}}{\sqrt{2}}$ | 174/22 |
| Leuhmi | | | | المانية | Jaic |
| docume | nt to the Depai | nt and affirm that the facts stated he timent of State constitutes a third degr | ee felony as provided for in s.81 | ine jaise informatio 17.155, F.S. | n submitted in |
| (| Duga | sil. | | 02 | 14/27 |
| Require | d Signaturcian | corporator | | Date | 1. - , , , , , , , , , , , , , , , , , , |