

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P22000013809

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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
ALIS SERVICES SOLUTION INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 23 PM 12:26

FILED

2022 FEB 23 PM 4:46

416

COVER LETTER

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

SUBJECT: ALIS SERVICES SOLUTION, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KIJOENNA SERVICES, INC
Name (Printed or typed)

2141 SW 1 ST SUITE 110
Address

MIAMI, FLORIDA 33135
City, State & Zip

786-4997132
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)

ARTICLE I NAMEThe name of the corporation shall be: ALIS SERVICES SOLUTION, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
2041 NW SOUTH RIVER DR

Mailing address, if different is:

MIAMI, FL. 33125**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: ALIDA OLIVARESName and Title: PRESIDENTAddress: 2041 NW SOUTH RIVER DR

Address:

MIAMI, FL. 33125Name and Title: ALISYURIS LOPEZName and Title: VICE-PRESIDENTAddress: 2041 NW SOUTH RIVER DR

Address:

MIAMI, FL. 33125

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2022 FEB 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Feb. 23. 2022 3:51PM

No. 0950 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: ALIDA OLIVARES
Address: 2041 NW SOUTH RIVER DR
MIAMI, FL. 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALIDA OLIVARES
Address: 2041 NW SOUTH RIVER DR
MIAMI, FL. 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/23/2022 (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 shall 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

ALIDA OLIVARES 02/23/2022

Required Signature/Registered Agent 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.

ALIDA OLIVARES 02/23/2022

Required Signature/Registered Agent Date

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TALLAHASSEE FLORIDA