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.

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	fax Number	(850)617-6381	
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From:			•
	Account Name	: KIJOENNA SERVICES INC	3-
	Account Number	: 120080000033	
	Phone	: (305)644-3055	p 17
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Enter and	the email address nual report mailin	for this business entity to be ugs. Enter only one email address	used for future

FLORIDA PROFIT/NON PROFIT CORPORATION FJ CONSTRUCTION & HANDYMAN DUTIES INC

T. SCOTT MAR - 3 2022

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

2022 MAR -2 PM 12: 19

COVER LETTER

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

SUBJECT:	FJ CONSTRUCTION & HANDYMAN DUTIE INC
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

EX \$70.00 Filing Fee □ \$78.75 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
<u>7864997132</u>
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)

Principal street address Mailing address, if different MIAMI 33147 EIII PURPOSE OSE for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS BETT SHARES DET OF SHOCK IS: 100 E V INTITAL OFFICERS AND/OR DIRECTORS Name and Title: Address 10100. NW 32 AVE Address MIAMI 33147 Name and Title: VOJANI SARAI BU DIAZ Address MIAMI 33147 Name and Title: Name and Title: Address MIAMI 33147 Name and Title: Name and Title: Address Address: MIAMI 33147 Name and Title: Address Address: Address:	$E_{i}H = PKPVC$	IPAL OFFICE		
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Mair. 2. 2022 Name as	10:57AM nd Title:	Name and Title:	No. 0963 P. 7
-Address		4 4.4	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	FRANKLIN JAVIER HERRERA PONCE	_	
Address:	10100 NW 32 AVE		
	MIAMI 33147		
ARTICLE VII	<u>INCORPORATOR</u>		
	ddress of the Incorporator is:		
	FRANKLIN JAVIER HERRERA PONCE		
Namer	10100 NW 32 AVE	_	
Address:	MA84 224 47	_	
	1916491 33141	_	
Effective date, if	EFFECTIVE DATE: other than the date of filing: 03/02/2022 ate is listed, the date must be specific and cann	(OPTIONA to the the days	L) prior or 90 days after the
Note: If the date the document's ci	inserted in this block does not meet the applicabl ffective date on the Department of State's records	le statutory filing requirements.	nts, this date will not be listed as
Having heen num certificate, I am fi	ted as registered agent to accept service of process amiliar with and accept the appointment as register [6].	for the above stated corpora ered agent and agree to act i	tion at the place designated in this n this capacity
- + Haur	Required Signature/Registered Agent		03/02/2022 Date
I submit this document to the E	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo-	e true. I am aware that the nv as provided for in 5.817.1	false information submitted in a
- roundill	Herring		03/02/22
wedanen 21Enstill	te mentiorant.	I	Date — J. — J