

Mar. 7, 2022 8:06AM

No. 0972

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : KIJJOENNA 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  
MEGA SERVICES MIAMI INC

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

2022 MAR -7 PM 12:24

2022 MAR -7 AM 4:15

FILED



Mar. 7. 2022 8:07AM

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## COVER LETTER

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

MAGA SERVICES MIAMI INC

SUBJECT: \_\_\_\_\_  
(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.

10

2022 MAR -7 AM 4:15

...and Ludwig



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

ARTICLE I NAME

The name of the corporation shall be: MAGA SERVICES MIAMI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:  
1818 RODMAN ST  
HOLLYWOOD, FL 33020

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: GABRIEL FERNANDO GOMEZ P Name and Title: \_\_\_\_\_  
Address 1818 RODMAN ST Address: \_\_\_\_\_  
HOLLYWOOD, FL 33020

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2022 MAR -7 AM 4:16  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA



Mar. 7. 2022 8:08AM

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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: GABRIEL FERNANDO GOMEZ  
Address: 1818 RODMAN ST  
MIAMI FL 33020

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GABRIEL FERNANDO GOMEZ  
Address: 1818 RODMAN ST  
HOLLYWOOD, FL 33020

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/07/2021 (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*

Gabriel F Gomez 03/07/2021  
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.*

Gabriel F Gomez 02/07/2021  
Required Signature/Incorporator Date

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DEPT. OF STATE, FLORIDA