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.

(((H22000109671 3)))



H220001096713ABC

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033

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 (1) **EPA 786 INC**

Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge \$78.75

COVER LETTER

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

SUBJECT:	EPA 786 INC (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an onig	ginal and one (1) copy of the a	rticles of incorporation and	i a check for:
□ \$70.00 Filing Fee	凶 \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fce & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

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	60
	E-mail address: (to be used for future annual report notification)	<u>.</u>

NOTE: Please provide the original and one copy of the articles.

22 H.C. 24 PH 2: 51

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

<u>CLE II PRINÇI</u>	IPAL OFFICE		
	Principal street address	Mailing	address, if different is:
1340 NW 79 AV AP	T 1 D		· · · · · · · · · · · · · · · · · · ·
DORAL FL 3316	6		
CLETIT PURPO	<u>SE</u>	ANY AND ALL LAMPEUR COLLONOR	
urpose for which th	e corporation is organized is:	NY AN ALL LAWFULL BUSINES	
			
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CLEIV SHARE	·°C		23
umber of shares of s	100 nock is:		ga S
umber of shares of s	tock is:		R 24
umber of shares of s	tock is: 100 LOFFICERS AND/OR DIRECTOR		
omber of shares of s	tock is:		
omber of shares of s	L OFFICERS AND/OR DIRECTOR EMILIANO PROVENZALI	P Name and Title:	
omber of shares of s CLE V INITIAL Name and Title:	L OFFICERS AND/OR DIRECTOR EMILIANO PROVENZALI 4340 NW 79 AV APT 1 D	<u>ប</u>	
omber of shares of s CLE V INITIAL Name and Title:	L OFFICERS AND/OR DIRECTOR EMILIANO PROVENZALI	P Name and Title:	PH 2:31
omber of shares of s CLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTOR EMILIANO PROVENZALI 4340 NW 79 AV APT 1 D DORAL FL 33166	P Name and Title: Address:	PH 2:31
omber of shares of s CLE V INITIAL Name and Title: Address	L OFFICERS AND/OR DIRECTOR EMILIANO PROVENZALI 4340 NW 79 AV APT 1 D	P Name and Title: Address:	THE C. L. LUMBER
omber of shares of s CLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTOR EMILIANO PROVENZALI 4340 NW 79 AV APT 1 D DORAL FL 33166 ANDREINA SUCRE BELTRAN V	P Name and Title: Address: Name and Title:	THE C. L. LUMBER
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Mar. 24. 2022	3:17PM		No. 1005 P. 7
Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	PROVENZALI EMILIANO		
Address:	4340 NW 79 AV APT 1 D		
	DORAL FL 33166	- -	
ARTICLE VII	<u>INCORPORATOR</u>		922 HAR 24 1
The name and ac	ddress of the incorporator is:		2 . 5
Name:	EMILIANO PROVENZALI	.	PR (5)
Address:	4340 NW 79 AV APT 1 D		ED PM 2:51 A CONTROL A CONTROL
	DORAL FL 33166		W
Effective date, if	EFFECTIVE DATE: other than the date of filing: 03/24/20 late is listed, the date must be specific and ca	22 (OPTIONA annot be more than five days	L) prior or 90 days after the
Note: If the date the document's c	inserted in this block does not meet the applic ffective date on the Department of State's reco	able statutory filing requireme rds.	πts, this date will not be listed as
certificate, I am f	ned as registered agent to accept service of proce familiar with and accept the appointment as reg	istered agent and agree to act i	ntion at the place designated in thi in this capacity
-Emai	Required Signature/Registered Agent	:	03/24/2022
	Required Signature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the clony as provided for in s.817.	e false information submitted in a 155, F.S.
Rum 1	Me/Incorporator		03/24/2022
Required Signati	rte/Incorporator $arphi$		Date