

Florida Department of State  
 Division of Corporations  
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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: \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**G&T MEJLAS ELECTRIC INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

HL

2022 APR -1 AM 10:30

## COVER LETTER

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

SUBJECT: G&T MEJIA'S ELECTRICAL 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

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.

**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: G&T MEJIA'S ELECTRICAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4371 NW 81 ST AVECORAL SPRINGS, FL. 33065**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AN ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**Name and Title: DANIA BARRERA / PRESIDENT

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

Address 4371 NW 81 ST AVE

Address: \_\_\_\_\_

CORAL SPRINGS, FL. 33065

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2022 APR -1 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: DANIA BARRERA  
 Address: 4371 NW 81 ST AVE  
CORAL SPRINGS, FL. 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARRERA DANIA  
 Address: 4371 NW 81 ST AVE  
CORAL SPRINGS, FL. 33065

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/31/22 (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:*

Dania Barrera  
 Required Signature/Registered Agent

03/31/22  
 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.*

Dania Barrera  
 Required Signature/Incorporator

03/31/22  
 Date