

P22000024793
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H22000120507 3)))



H220001205073ABCT

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To:

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

From:

Account Name : KIDJENNA 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: _____

2022 APR -1 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
 IDS IMPORT INC**

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

HL

2022 APR -1 PM 4:23

COVER LETTER

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

SUBJECT: IDS IPORT 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, 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.

Apr. 1. 2022 2:58PM

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

No. 1036 P. 6/7

ARTICLE I NAME

The name of the corporation shall be: IDS IMPORT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2141 SW 1 ST STE 110

Mailing address, if different is:

MIAMI FL 33135

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 INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEFHANI PIZZO

P

Name and Title:

Address 2141 SW 1 ST STE 110

Address:

MIAMI FL 33135

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR - 1 PM 12: 02

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Apr. 1. 2022 2:58PM

No. 1036 P. 7/7

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: PIZZO STEFHANI

Address: 2141 SW 1 ST STE 110

MIAMI FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEFHANI PIZZO

Address: 2141 SW 1 ST STE 110

MIAMI FL 33135

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/01/2022 (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 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

Stephani Pizzo
Required Signature/Registered Agent

04/01/2022
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.

Stephani Pizzo
Required Signature/Incorporator

04/01/2022
Date