Electronic Filing Cover Sheet

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(((H22000120506 3)))



H220001205063ABCS

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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 fut annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION

PIXEL BN INC

Certificate of Status	0
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:	PIXEL BN INC					
<del></del>	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	l a check for:			
		☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status			
		ADDITIONAL COPY REQUIRED				
FROM:	KIJOENNA SERVICE Nam	S, INC e (Printed or typed)				
	2141 SW 1 ST SUITE 110					
		Address				
	MIAMI, FL 33135					
	City, State & Zip					
	7864997132					
	Daytime Telephone number					
	KRISJOENNA@YAHOO.CO					
	E-mail address: (to be use	d for future annual report i	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 corporati	on shall be:	PIXEL BN INC			
ARTICLE II PRINCIPAL OFFICE Principal street address  25351 SW 121 AVE  HOMESTEAD FL 33032		Mailing address, if different is:			
ARTICLE III PURPO The purpose for which th	e corporation is organized is:	ANY AN ALL LAWFULL BUSINESS			
	*				
ARTICLE IV SHARE. The number of shares of s			2022 APR -1 S.URL AKY TALLAHASSE		
	<i>LOFFICERS AND/OR DIRE</i> JOSUE ALFARO		PHI2: 02 OF STATE E. FLORIGH		
Address	25351 SW 121 AVE HOMESTEAD FL 33032	Address:			
Name and Title:					
Name and Title:		Name and Title:			

Nor. 1. 2022		••	No. 1035			
Name and Title:		Name and Title:				
Addres	s	Address:				
ARTICLE VI	REGISTERED AGENT			<del></del> <u>-</u>		
The name and F	Inrida street address (P.O. Box NOT accepta	ible) of the registered agent is:				
Name:	JOSUE ALFARO					
Address:	25351 SW 121 AVE					
	HOMESTEAD FL 33032	<del>-</del>				
ARTICLE VII	<u>INCORPORATOR</u>		77	~>		
The name and a	ddress of the Incorporator is:		VIII)	20 <b>22 A</b> PR		
Name;	JOSUE ALFARO		AHASSI			
Address:	25351 SW 121 AVE	<del></del>		<u>-</u>	<u></u>	
	HOMESTEAD FL 33032	···	JE STATE JELORIO/	PM 12:	C.	
Effective date, in	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	,	02		
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prio	r or 90 days	after tl	he	
Note: If the dat the document's	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, t cords.	his date will	not be l	isted as	
certificate, I am	med as registored agent to accept service of pro- familiar with and accept the appointment as r	egistered agent and agree to act in thi	ut the place d s capacity	lesignute	ed in thi	
Required Signature/Registered Agent			04/01/2022			
Required Signature/Registered Agent		nt –	Date			
I submit this do document to the	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the fals e felony as provided for in s.817.155, i	e information F.S.	n submi	tted in i	
1	vsvi Alern		04/01	1/2022		
Required Signal	ure/Incorporator (	Date				