

P22000027900

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION HAPPY BOX CORP

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

2022 APR 12 PM 4:42

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Corporate Filing Menu

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TALLAHASSEE, FL

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

SUBJECT: HAPPY BOX CORP
(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 Filing Fee
☒ \$78.75 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)

MAILED
TALLAHASSEE, FL
DATE

2023 APR 12 AM 10:37

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

ARTICLE I NAMEThe name of the corporation shall be: HAPPY BOX CORPARTICLE II PRINCIPAL OFFICEPrincipal street address
8377 NW 68 TH ST
MIAMI FL 33166

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AN ALL LAWFULL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ENNA DIEPPA

P

Name and Title: _____

Address

8377 NW 68 TH ST

Address: _____

MIAMI FL 33166Name and Title: SAMIR RANDANI

VP

Name and Title: _____

Address

8377 NW 68 TH ST

Address: _____

MIAMI FL 33166

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Apr. 12. 2022 3:32PM

No. 1094 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: ENNA DIEPPA

Address: 8377 68 TH ST

MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ENNA DIEPPA

Address: 8377 NW 68 TH ST

MIAMI FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/12/22 (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



Required Signature/Registered Agent

04/12/22

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.



Required Signature/Incorporator

Date

04-12-22

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