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To:

Division of Corporations

Fax Number : (850)617-6381

From:

2022 APR 12 PH 4: 42

Account Name : KIDOENNA 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.

mail	Address	•

FLORIDA PROFIT/NON PROFIT CORPORATION **CARGO NAM INTER CORP**

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(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

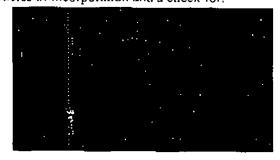
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	CARGO NAM INTER CORP
SUBJECT:	

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 △ \$78.75 Filing Fcc Filing Fee

& Certificate of Status



FROM: _	KIJOENNA SERVICES, INC			
	Name (Printed or typed)			
	2141 SW 1 ST SUITE 110			
	Address	—— S	202:	
	MIAMI, FL 33135 City, State & Zip	MLLAHAS	2023 APR 12	
	7864997132	SEE.		
	Daytime Telephone number	四部	Ö	The said
	KRISJOENNA@YAHOO.COM	:="	37	

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)

name of the corporat		CARGO NAM IN					
RTICLE II PRINCIPAL OFFICE Principal Street address 8377 NW 68 TH ST			,	Mailing address	, if differer	n is:	
MIAMI FL 33166							
TICLE III PURPO	e corporation is organize	d is:ANY A	AN ALL LAWFULL 8				<u>-</u>
		-					
							
			-	·			
TICLE IV SHARE number of shares of s	Tock is:	·		,			•
number of shares of s	<u>:S</u> 100	OURECTORS	 -		i ALE	2023 AF	•
number of shares of s	LOFFICERS AND/OR LENNA DIEPPA	OURECTORS	Name and Title:		White week	2023 AFR 12	••
number of shares of s TICLE V INITIAL Name and Title:	LOFFICERS AND/OR LENNA DIEPPA	<u>DIRECTORS</u>	Name and Title:		MLL _A	RIZ AN	
number of shares of s TICLE V INITIA Name and Title Address	LOFFICERS AND/OR LENNA DIEPPA 8377 NW 68 TH ST MIAMI FL 33166	<u>DIRECTORS</u>	Name and Title:		1ALLANDS	2023 AFR 12 A1110: 37	
number of shares of s TICLE V INITIA Name and Title Address	LOFFICERS AND/OR LENNA DIEPPA 8377 NW 68 TH ST MIAMI FL 33166 ALIDA OLIVARES	DIRECTORS	Name and Title:		William SSEL, F	R 12 AH 10: 37	
number of shares of s TICLE V INITIA Name and Title Address	LOFFICERS AND/OR LENNA DIEPPA 8377 NW 68 TH ST MIAMI FL 33166 ALIDA OLIVARES 8377 NW 68 TH ST	DIRECTORS	Name and Title: Address: Name and Title:		Mindste, F	R 12 All 10: 37	
Name and Title: Name and Title:	LOFFICERS AND/OR LENNA DIEPPA 8377 NW 68 TH ST MIAMI FL 33166 ALIDA OLIVARES 8377 NW 68 TH ST MIAMI FL 33166	<i>VP</i>	Name and Title: Address: Name and Title: Address: Address:		Mindste, F	R 12 AH 10: 37	
Name and Title: Address Address	IS 100 IOCK is: 100 LOFFICERS AND/OR I ENNA DIEPPA 8377 NW 68 TH ST MIAMI FL 33166 ALIDA OLIVARES 8377 NW 68 TH ST MIAMI FL 33166	<i>DIRECTORS</i> VP	Name and Title: Address: Name and Title: Address: Address:		MUNICIPAL STATE	R 12 AN 10: 37	
Name and Title: Address Address	LOFFICERS AND/OR LENNA DIEPPA 8377 NW 68 TH ST MIAMI FL 33166 ALIDA OLIVARES 8377 NW 68 TH ST MIAMI FL 33166	VP	Name and Title: Address: Name and Title: Address: Name and Title:		INLIMED SOFF, F	R 12 AH 10: 37	

lor. 12. 2022 3: Name and Ti	30PM :de:		Name and Title:	No. 1093	
Address			A .1.1		
			<u>_</u>		
				<u> </u>	
				·	
ARTICLE VI REC	FISTERED AGENT la street address (P.O. Box NOT	l'accentable)	of the registered some is:		
Name:	ALIDA OLIVARES		or the registered agent is.		
Address:	8377 68 TH ST		_		
	MIAMI FL 33166				
			_		
ARTICLE VII INC	CORPORATOR				
The name and addre	ss of the Incorporator is:				
Name:	ALIDA OLIVARES		_		
Address:	8377 NW 68 TH ST		_		
	MIAMI FL 33166			₩.	202
		·	`-	ALLAHAS:	2023 APR
ARTICLE VIII EF	FECTIVE DATE:	0.444.0400		1772	
(If an effective date	er than the date of filing: is listed, the date must he spec		(OPTIONAL) not be more than five days p) prior or 90 days a	ofter the Fr
filing.)				Ţn ,	
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	on the control of the	tine 3 rectings	••	•	~
Having been named a certificate. I am famil	is registered agent to accept servi liar with and accept the appoints	ice of process	for the above stated corporations of the above stated corporations and depend to the first control of the corporations of the	on at the place des	signated in thi
y , - <i></i> y	Nida		Crea agent and agree in act in	04/12/	22
	Required Signature/Registe	red Agent	<u>our</u>		
I submit this docume	ent and affirm that the facts sta	_	c true. I am aware that the t		
document to the Depa	artment of State constitutes a this	rd degree felo	ny as provided for in s.817.15	5, F.S.	
7	(IIII)	-	· . 	04/12/	22
Required Signature/In	ncorporated		D	ate	