

# P220000028827

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KIDJOENNA 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 AGUS INTERNATIONAL ELECTRIC INC

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

2022 APR 14 AM 11:25

FILED  
TALLAHASSEE, FL

2022 APR 14 PM 2:28

FILED

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

**SUBJECT:** AGUS INTERNATIONAL ELECTRIC INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<del>X</del> \$70.00	— \$78.75
Filing Fee	Filing Fee
	& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$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

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Address

MIAMI, FL 33135

City, State &amp; Zip

7864997132

Daytime Telephone number

KRISJOENNA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

2023 APR 14, PM 2:28

100

Apr. 14. 2022 8:13AM

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

No. 1101 P. 6

ARTICLE I NAME

The name of the corporation shall be: AGUS INTERNATIONAL ELECTRIC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8922 N OTIS AV

TAMPA FL 33604

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: AGUSTIN CASTILLO

P Name and Title:

Address 8922 N OTIS AV

Address:

TAMPA FL 33604

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2023 APR 14 PM 2:28  
ALLIANCE STATE, FL

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: AGUSTIN CASTILLO  
 Address: 8922 N OTIS AVE  
TAMPA, FL. 33604

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CASTILLO AGUSTIN  
 Address: 8922 N OTIS AVE  
TAMPA, FL. 33604

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/14/22 (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*

Agustin Castillo  
 Required Signature/Registered Agent

04/14/22  
 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.*

Agustin Castillo  
 Required Signature/Incorporator

04/14/22  
 Date

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