

P22000028829
 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 : KIJJOENNA 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.****

Email Address: _____

2022 APR 14 AM 11:25

FLORIDA PROFIT/NON PROFIT CORPORATION
0909 JM SERVICES INC

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

2022 APR 14 PM 2:28
 FILED
 TALLAHASSEE, FL

DS

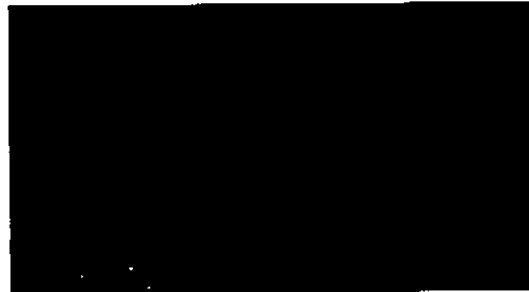
COVER LETTER

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

SUBJECT: 0909 JM SERVICES 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



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)

TALLAHASSEE, FL

2022 APR 14 PM 2:28

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

Apr. 14, 2022 8:15AM

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

No. 1102 P. 6/7

ARTICLE I NAME

The name of the corporation shall be: 0909 JM SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16356 SW 97 TH TER

MIAMI FL 33196

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: JORGE GARCIA

P Name and Title:

Address: 16356 SW 97 TH TERR

Address:

MIAMI FL 33196

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, 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: JORGE GARCIA
 Address: 16356 SW 97TH TER
MIAMI, FLORIDA, 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARCIA JORGE
 Address: 16356 SW 97TH TER
MIAMI, FLORIDA, 33196

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 2023 APR 14 PM 2:28
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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

Jorge Garcia
 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.

Jorge Garcia
 Required Signature/Incorporator

Date 04/14/22