

P22000028850
 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 : KIJOENNA SERVICES INC
 Account Number : I2008000033
 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 PM 3:26

**FLORIDA PROFIT/NON PROFIT CORPORATION
 GS GENERAL SERVICES CORP**

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

2022 APR 14 PM 2:29
 FILED
 TALLAHASSEE, FL

88

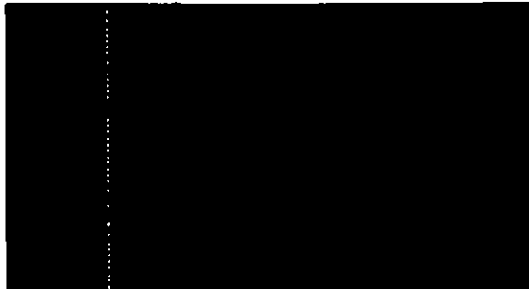
COVER LETTER

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

SUBJECT: SANGUER GENERAL SERVICES 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)

TALLAHASSEE, FL
MICH

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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 corporation shall be: SANGUER GENERAL SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

2965 NW 26 ST APT 1 Principal street address Mailing address, if different is:
MIAMI FL 33142

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: DORIS SANTOS P
Address: 2965 NW 26 ST APT 1
MIAMI FL 33142

Name and Title: EFRAIN GUERRA VP
Address: 2965 NW 26 ST APT 1
MIAMI FL 3314

Name and Title:
Address:

Name and Title:
Address:
Name and Title:
Address:

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MALLASSEE, 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: DORIS SANTOS
 Address: 2965 NW 26 ST APT 1
MIAMI FL 33142

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DORIS SANTOS
 Address: 2965 NW 26 ST APT 1
MIAMI FL 33142

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.)

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 STATE

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

Doris Santos 04/14/22
 Required Signature/Registered Agent 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.

Doris Santos 04/14/22
 Required Signature/Incorporator Date