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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA 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 cannual report mailings. Enter only one email address please. **

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ÿ	Email Address:
-U_ Sa	
-	FLORIDA PROFIT/NON PROFIT CORPORATION
()	" IC EL ECTRIC CORP

Certificate of Status	0
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Estimated Charge	\$78.75

Help

COVER LETTER

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

SUBJECT:	ELECTRICAL JC CORP						
(PROPOSED CORPORATE NAME – MUST INCLUDE SU							
Enclosed are an orig	ginal 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						
1 KO.41	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) 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)

The name of the corporation	n shall be:	RP		_
RTICLE II PRINCII			iling address, if different is:	2000
SOUTHWEST RANCH	E FL 33331	The second secon		
RTICLE III PURPOS he purpose for which the	E corporation is organized is:ANY A			
· · · · · · · · · · · · · · · · · · ·				
I <u>RTIÇLE V INITIAL</u>	OCK is: 100 OFFICERS AND/OR DIRECTORS		- - -	
Name and Title:	SUGEILY MERCADO 18200 SW 48TH ST	P Name and Title:		0 1;
Address	SOUTHWEST RANCHES FL 33331		10 to 1	2: 27
Name and Title:_		Name and Title:	*****	
Address				
		_ · _		 -
Name and Title:_		Name and Title:	<u> </u>	 -
Address				
•		· -		
-		-		

Name and Title:		Name and Title:			
Address		Address:			
	WEGISTERED AGENT				
the name and Flo	orida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name:	SUGEILY MERCADO				
Address:	18200 SW 48TH ST	_			
	SOUTHWEST RANCHES, FL. 33331				
ARTIÇLE VII I	<u>NCORPORATOR</u>				
The name and ad	dress of the Incorporator is:		20		
Name:	MERCADO SUGEILY	_	1 K 62(
Address:	18200 SW 48TH ST		2023 APR IL PH		
	SOUTHWEST RANCHES, FL. 33331		F L		
		_	P iii		
ARTICLE VIII	EFFECTIVE DATE: 04/14/	/27	- 1. S		
Effective date if a	other than the date of filing:		or 90 daystatter the		
filing.)	ate is fisted, the date must be specific and can-	not be more than his days prior	or your sharer the		
Note: If the date	inserted in this block does not meet the applicab	le statutory filing requirements, th	is date will not be listed as		
	fective date on the Department of State's record				
Harrison bases was		e Carretti in Normania di Assimania di Santa	d the along design and in this		
	ed as registered agent to accept service of process amiliar with and accept the appointment as regist				
410	ely Jonard		04/14/22		
	Required Signature/Registered Agent		Date		
I submit this doc	wnent and affirm that the facts stated herein a	re true. I am aware that the false	information submitted in a		
	Department of State constitutes a third degree felo				
Guer	ly Hercools		04/14/22		
Required Signatur	re/ficorporator	Date			