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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

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CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
KENNYS CUTZ CORP**

| | |
|-----------------------|---------|
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D. O'KEEFE

APR 20 2022

COVER LETTER

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

SUBJECT: KENNYS CUTZ 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: KENNIE ACEVEDO

Name (Printed or typed)

8900 W FLAGLER ST APT 12

Address

MIAMI, FL 33174

City, State & Zip

(786) 380 - 5891

Daytime telephone number

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

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

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

ARTICLE I NAMEThe name of the corporation shall be: KENNYS CUTZ CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
8900 W FLAGLER ST APT 12
MIAMI, FL 33174Mailing address, if different is:
8900 W FLAGLER ST APT 12
MIAMI, FL 33174**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: KENNIE ACEVEDO / PRESIDENT

Name and Title: _____

Address 8900 W FLAGLER ST APT 12
MIAMI, FL 33174

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OSCAR LOPEZ
 Address: 8410 W FLAGLER ST STE 205
MIAMI, FL 33144

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OSCAR LOPEZ
 Address: 8410 W FLAGLER ST STE 205
MIAMI, FL 33144

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04 / 19 / 2022 (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 in 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*

 Required Signature/Registered Agent

 Date 04 / 19 / 2022

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.

 Required Signature/Incorporator

 Date 04 / 19 / 2022

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