

P220 0002 9649

Florida Department of State  
Division of Corporations  
Electronic Filing System

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000141998 3)))



H220001419983ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 19 PM 4:12

FILED

RECEIVED

2022 APR 19 PM 4:57

CORPORATIONS  
COMMERCIAL  
SERVICES

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

APR 20 2022

**COVER LETTER**

H22000141998 3

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       \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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.**

H22000141998 3

**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: KENNYS CUTZ CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8900 W FLAGLER ST APT 12  
MIAMI, FL 33174

Mailing 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  
Address: 8900 W FLAGLER ST APT 12  
MIAMI, FL 33174

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

2022 APR 19 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H22000141998 3

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

FILED  
 2022 APR 19 PM 4:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

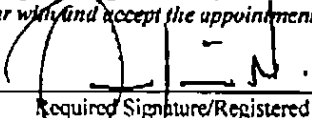
**ARTICLE VIII EFFECTIVE DATE:**

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*

 04 / 19 / 2022  
 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.*

 04 / 19 / 2022  
 Required Signature/Incorporator Date