

APR 26, 2022 3:53PM

No. 1136 P. 2/7

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 : I20080000033
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MK INTERNATIONAL SERVICES INC

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

2022 APR 26 PM 4:56

2022 APR 26 PM 10:34

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MK INTERNATIONAL 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: _____
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.

2022-12-26 PM: 34

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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: MK INTERNATIONAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 8600 NW 64 ST STE 1

Mailing address, if different is:

MIAMI FL 33166

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: MOURAN KARAME

P

Name and Title:

Address: 8600 NW 64 ST STE 1

Address:

MIAMI FL 33166

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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: MORUAN KARAME
Address: 8600 NW 64 ST STE 1
MIAMI FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MORUAN KARAME
Address: 8600 NW 64 ST STE 1
MIAMI FL 33166

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/26/2022 (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 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

Moruan Karame 04/26/2022
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.

Moruan Karame 04/26/2022
Required Signature/Incorporator Date

FILED
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