

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 : KIJONNA 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
C & Y KITCHEN DESING CORP**

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

T. SCOTT

APR 28 2022

2022 APR 27 PM 2:06

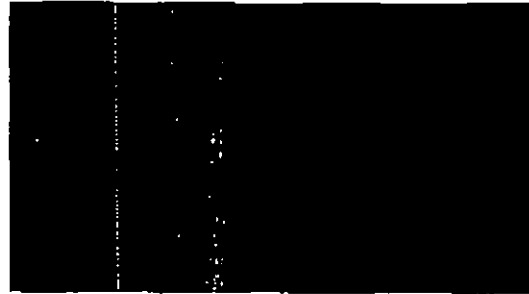
COVER LETTER

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

SUBJECT: C & Y KITCHEN DESING 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



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)

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

Apr. 27. 2022 12:59PM

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

No. 1143 P. 7/8

ARTICLE I NAME

The name of the corporation shall be: C & Y KITCHEN DESING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

857 SE 12 TH ST

HIALEAH FL 33010

Mailing address, if different is:

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: YEIMI OCAMPO P

Address 857 SE 12 TH ST

HIALEAH FL 33010

Name and Title: _____

Address: _____

Name and Title: CARLOS OCAMPO VP

Address 857 SE 12 TH ST

HIALEAH FL 33010

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

20 APR 17 11:17 AM '22

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: YEIMI S OCAMPO
Address: 857 SE 12TH ST
HIALEAH FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YEIMI S OCAMPO
Address: 857 SE 12 TH ST
HIALEAH FL 33010

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/27/22 (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.)

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

Yeimi Ocampo
Required Signature/Registered Agent

04/27/22
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.

Yeimi Ocampo
Required Signature/Incorporator

04/27/22
Date