

5/19/22, 4:32 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KML MULTISERVICES CORP

Account Number : 120200000044

Phone : (786)537-3766

Fax Number : (305)402-3837

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

Email Address: kmlmultiservicescorp@gmail.com**FLORIDA PROFIT/NON PROFIT CORPORATION****JK PEARL CORP**

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T. SCOTT Help

MAY 23 2022

**COVER LETTER**

(((1122000179357 3)))

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

**SUBJECT:** JK PEARL 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:** JESSIKA KATHERIN CARABALLO GONZALEZ

Name (Printed or typed)

10090 NW 80TH CT

Address

HIALEAH, FL 33016

City, State &amp; Zip

(786) 406-0383

Daytime Telephone number

kmlmultiservicescorp@gmail.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**

(((H220001793573)))

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

**ARTICLE I NAME**

The name of the corporation shall be: JK PEARL CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10090 NW 80TH CT

HIALEAH, FL 33016

Mailing address, if different is:

8249 NW 36TH ST

SUITE 212

DORAL, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JESSIKA KATIERIN CARABALLO GONZALEZ - Title P

Address

10090 NW 80TH CT

HIALEAH, FL 33016

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: KATHERINE CAICEDO  
Address: 8249 NW 36TH ST SUITE 212  
DORAL, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JESSIKA KATHERIN CARABALLO GONZALEZ  
Address: 10090 NW 80TH CT  
MEELEAH, FL 33016

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.*

KATHERINE CAICEDO 05/19/2022  
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.*

Jessika K Caraballo G 05/19/2022  
Required Signature/Incorporator Date