

5/9/22, 4:31 PM

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Fax Number : (850)617-6381

From:

Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
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
S&J ENTERPRISES 2022 CORP

Certificate of Status	0
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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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JUN - 1 2022

COVER LETTER

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

SUBJECT: S&J ENTERPRISES 2022 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 REQUIREDFROM: JOSE ANGEL CARDOZO YZZY
Name (Printed or typed)5400 NW 107TH AVE
AddressDORAL, FL 33178
City, State & Zip3059726220
Daytime Telephone numberkmlmultiservicescorp@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

(((1122000166837 3)))

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

ARTICLE I NAMEThe name of the corporation shall be: S&J ENTERPRISES 2022 CORPARTICLE II PRINCIPAL OFFICEPrincipal street address5400 NW 107TH AVEDORAL, FL 33178

Mailing address, if different is:

8249 NW 36TH STSUITE 212DORAL, FL 33166ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JOSE ANGEL CARDOZO YZZY - PRESIDENT

Name and Title: _____

Address 5400 NW 107TH AVE

Address: _____

DORAL, FLORIDA 33178

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 AGENTThe 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 INCORPORATORThe name and address of the Incorporator is:

Name: JOSE ANGEL CARDOZO IZZY
Address: 5400 NW 107TH AVE
DORAL, FL 33178

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 05/02/2022
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.

JOSCA CARDOZO y 05/02/2022
Required Signature/Incorporator Date