

**P2200047652**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H22000205143 3)))



H220002051433ABCT

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : KIJOENNA 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: \_\_\_\_\_

**FILED**  
 2022 JUN 13 AM 11:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 B&L STUCCO CONTRACTORS INC**

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

*HL*

2022 JUN 13 PM 12:08

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

SUBJECT: B&L STUCCO CONTRACTOR 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
ADDITIONAL COPY REQUIRED

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.

Jun. 13. 2022 12:14PM

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

No. 1196 P. 6/7

ARTICLE I NAME

The name of the corporation shall be:

B&L STUCCO CONTRACTOR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18217 SW 154 TH CT

MIAMI, FL 33187

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: LEONIDE FABELO

P

Name and Title:

Address

18217 SW 154 TH CT

Address:

MIAMI FL 33187

Name and Title:

BRAYAN GALVEZ

VP

Name and Title:

Address

18217 SW 154 TH CT

Address:

MIAMI FL 33187

Name and Title:

Name and Title:

Address

Address:

FILED  
2022 JUN 13 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jun. 13. 2022 12:14PM

No. 1196 P. 7/7

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: LEONIDE FABELO  
Address: 18217 SW 154 TH CT  
MIAMI FL 33187

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LEONIDE FABELO  
Address: 18217 SW 154 TH CT  
MIAMI FL 33187

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/13/2022 (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.*

Leonide Fabelo

Required Signature/Registered Agent

06/13/2022

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.*

Leonide Fabelo

Required Signature/Incorporator

Date \_\_\_\_\_