Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000239638 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| - | | |
|---|---|---|
| 7 | _ | ٠ |
| | | |

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

: (305)644-3055

Phone 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: | · | | <u> </u> | |
|-------|----------|---|--|----------|--|
|-------|----------|---|--|----------|--|

FLORIDA PROFIT/NON PROFIT CORPORATION **BMJA SERVICES INC**

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

رب TU

Electronic Filing Menu Corporate Filing Menu

Help

19 PH 3: 57

COVER LETTER

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

| SUBJECT: | BMJA SERVICES INC | | |
|-------------------------|--|--|-------------------------|
| SOBBLET. | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | d a check for: |
| □ \$70.00 Filing Fee | ★ \$78.75Filing Fee& Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | KIJOENNA SERVICE Nam | S, INC e (Printed or typed) | |
| | 2141 SW 1 ST SU | IITE 110 | |
| | | Address | |
| _ | MIAMI, FL 33135 City | , State & Zip | |
| | 7864997132 Daytime 1 | Telephone number | |
| | KRISJOENNA@YAHOO.CO | ОМ | |
| | E-mail address: (to be use | d for future annual report | notification) |
| | | | • • |

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

ARTICLES OF INCORPORATION

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

| RTICLE I NAME The name of the corporati | on shall be: | BMJA SERVICES IN | BMJA SERVICES INC | | |
|---|--|------------------|-------------------|---------------------------------------|--|
| RTICLE II PRINC | | | Mailing ac | ldress, if different is: | |
| 401 SW 17 AV AF | PT 304 | | | | |
| MIAMI FL 33135 | | | | | |
| RTICLE III PURPO ne purpose for which th | SE e corporation is organized is | ::ANY AN ALL LA | WFULL BUSINESS | S | |
| | | | | | |
| | | | | | |
| | ES Stock is: 100 LOFFICERS AND/OR DIR : MARIA MOLINA CAJINA | | and Title: | | |
| Address | 401 SW 17 AV APT 304 | | | | |
| | MIAMI FL 33135 | | | | |
| | | | | | |
| Name and Title: | | Namo | and Title: | - | |
| Address | | Addr | c ss: | | |
| | | <u> </u> | | ~ | |
| | | | | 22 | |
| Name and Title: | | Name | e and Title; | · · · · · · · · · · · · · · · · · · · | |
| Address | | Addr | ess: | | |
| | | _ | | = : | |
| | | | | <u>ن</u> ي | |
| | | | | | |

3056443052

| Name and Ti | tle: | Name and Title: | |
|--|--|--|--|
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI REC | GISTERED AGENT In street address (P.O. Box NOT acceptable) of | The registered agent is: | |
| Name: | MARIA MOLINA CAJINA | <u>.</u> | |
| Address; | 401 SW 17 AV APT 304 | _ | |
| _ | MIAMI FL 33135 | - | |
| ARTICLE VII INC | <u>CORPORATOR</u> | | |
| The name and addre | ess of the Incorporator is: | | |
| Name: | MARIA MOLINA CAJINA | _ | |
| Address: | 401 SW 17 AV APT 304 | _ | |
| | MIAMI FL 33135 | - | |
| (If an effective date filing.) | er than the date of filing: 07/14/2022 is listed, the date must be specific and cannot | ot be more than five days pric | · |
| Note: If the date ins | crted in this block does not meet the applicable tive date on the Department of State's records. | statutory filing requirements, | this date will not be listed as |
| Having been named certificate, I am fami | as registered agent to accept service of process f lliar with and accept the appointment as registe | for the above stated corporation red agent and agree to act in th | at the place designated in this is capacity |
| Harria + | Policia Cayini Required Signature/Registered Agent | | 07/14/2022 |
| | Required Signature/Registered Agent | | Date |
| | ent and affirm that the facts stated herein are artment of State constitutes a third degree felon | | |
| Maria 1 | lolina Cajine | | 07/14/22 |
| Required Signature/ | ncorporator | Date | |
| | | | <u></u> |
| | | | 77 |
| | | | • |