

# P22000057751

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 : I2008000033  
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  
RUTH ROSE INC**

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

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22

**COVER LETTER**

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

**SUBJECT:** RUTH ROSE 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
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)

2023 JUL 20 AM 1:32

**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)

**ARTICLE I NAME**

The name of the corporation shall be: \_\_\_\_\_

RUTH ROSE INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

271 SE 6TH AVE # 204

HOMESTEAD FL 33030

**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: RUTH DUARTE V

P

Name and Title: \_\_\_\_\_

Address

271 SE 6 TH AVE # 204

Address: \_\_\_\_\_

HOMESTEAD FL 33030

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 AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: RUTH DUARTE VAddress: 271 SE 6TH # 204HOMESTEAD FL 33030**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: RUTH DUARTE VAddress: 271 SE 6TH AVE # 204HOMESTEAD FL 33030**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 07/20/22 (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*Ruth Duarte V  
Required Signature/Registered Agent07/20/22

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.*Ruth Duarte V  
Required Signature/IncorporatorDate 07/20/22

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