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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:\_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION PVR ELETRIC INC

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## **COVER LETTER**

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

SUBJECT:	IIRIECT: PVR ELECTRIC INC				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCU</u>	UDE SUFFIX)		
			)l		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:		
\$70.00	<u> </u>	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status		
	•	ADDITIONAL CO	PY REQUIRED		
	1	<u> </u>	_		
FROM:	KIJOENNA SERVICE	ES, INC			
I KOM	Name (Printed or typed)				
	2141 SW 1 ST SU	JITE 110			
		Address			
	•				
	MIAMI, FL 33135 City, State & Zip				
	City	, state of Eq.			
	7864997132	S ( )			
	Daytime	Telephone number			
	KRISJOENNA@YAHOO.C				
	E-mail address: (to be us	ed for future annual report	notification)		

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

PVR ELECTRIC INC

## ARTICLES OF INCORPORATION

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

ARTICLE J / The name of the c	VAME corporation shall be:	PVR ELECTRIC	INC	
<i>ARTICLE II</i> 4141 NW 26	PRINCIPAL OFFICE Principal <u>street</u> øddr BTH ST APTO 314 LL FL 33313	CSS		ddress, if different is:
LOUDENIU	411400010			
ARTICLE III The purpose for v	PURPOSE which the corporation is org	ganized is: ANY	AN ALL LAWFULL BUSINESS	3
<u></u>			·	
ARTICLE IV The number of sh	SHARES nares of stock is:1  INITIAL OFFICERS AND	00 D/OR DIRECTORS		·
		•		
Address	LAUDERHILL FL	<u> </u>	·	
Name ar	nd Title: CLAUDIA IZAMAF	R BATISTA VP		
Addres			Address:	<u> </u>
	LAUDERHILL FL	33313		
	<del> </del>			2022 AUG SEGRETA
Name at	nd Title:	<u> </u>	Name and Title:	AT 6 78 23
Addres			Address:	<u> </u>
				5: 29 FEL 29

Name and	Title:	Name and Title:
Address	,	Address:
		<u> </u>
		<u> </u>
A NA PARTACHE ST. N. P. P.	n raigern en 18ter	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) (	of the registered agent is:
Name:	ERIKA PATRICIA VILLALOBOS	_
Address:	4141 NW 26TH ST APT 314	_
	LAUDERHILL FL 33313	_
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	dress of the Incorporator is:	
Name:	ERIKA PATRICIA VILLALOBOS	_ : .
Address:	4141 NW 28TH ST APT 314	•
	LAUDERHILL FL 33313	
Effective date, if (If an effective d filing.)  Note: If the date		(OPTIONAL) not be more than five days prior or 90 days after the ic statutory filing requirements, this date will not be listed as s.
Having been nan certificate, I am j	ned as registered agent to accept service of process amiliar with and accept the appointment as regist	for the above stated corporation at the place designated in thi ered agent and agree to act in this capacity
Brik	a Patricia Vullabotor	08/23/22
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that the facts stated herein at Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in in any as provided for in s.817.155, F.S.
90.1	a Patricia Villalos	08/23/22
Required Signati	orc/Incorporator	Date
		2022 AUG 23 SECRETARY TALLAHAS