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H220003055783ABC/

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

From: Account Name : KIJJOENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

CABLE AND/OR VIDEO
 FRANCHISING
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2022 SEP -7 AM 3:50

100

****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
SOUTHZONE 2022 INC

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

T. SCOTT,
SEP - 8 2022

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COVER LETTER

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

SUBJECT: SOUTH ZONE 2022, 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$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

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.

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:

SOUTH ZONE 2022, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

339 IVES DAIRY RD 4

Mailing address, if different is:

MIAMI, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARDO PIREZ

P Name and Title:

Address

339 IVES DAIRY RD 4

Address:

MIAMI FL 33179

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2022 SEP 17 AM 3:51
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: EDUARDO PIREZ

Address: 339 IVES DAIRY RD 4

MIAMI, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDUARDO PIREZ

Address: 339 IVES DAIRY RD 4

MIAMI, FL 33179

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/06/2022 (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

Eduardo Pirez

09/06/2022

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.

Eduardo Pirez

09/06/2022

Required Signature/Incorporator

Date