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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 : KIJJOENNA 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  
A&D RIVERA SERVICES INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2022 SEP 15 PM 3:13

APPROVED  
AND  
FILED

**COVER LETTER**

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

**SUBJECT:** A&D RIVERA SERVICES 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.

# 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:

A&D RIVERA SERVICES INC

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

415 NW 18TH AVE

MIAMI FL 33126

## 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: ALLAN RIVERA

P

Name and Title:

Address

415 NW 19TH AVE

Address:

MIAMI FL 33126

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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AND  
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2022 SEP 15 PM 3:13  
CLERK OF STATE  
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: ALLAN RIVERA

Address: 416 NW 19TH AVE

MIAMI FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALLAN RIVERA

Address: 415 NW 19TH AVE

MIAMI FL 33125

**ARTICLE VIII EFFECTIVE DATE:**

09/15/2022

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Allan Rivera  
Required Signature/Registered Agent

09/15/2022

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.817.153, F.S.*

Allan Rivera  
Required Signature/Incorporator

09/15/2022

Date