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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 : KIJONNA 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: _____

REV SEP 29 PM 11:43

FLORIDA PROFIT/NON PROFIT CORPORATION LAS DELICIAS DE SARITA

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

2022 Sep 29 PM 3:30

COVER LETTER

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

SUBJECT: LAS DELICIAS DE SARITA 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)

REC SEP 29 PM 11:43

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: LAS DELICIAS DE SARITA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
6700 NW 6 AV MIAMI FL 33150

Mailing address, if different is:

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: SARA MELENDEZ
Address 6700 NW 6 AV
MIAMI FL 33150

P Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

SEP 29 11:43

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: SARA MELENDEZ
 Address: 6700 NW 6 AV
MIAMI FL 33150

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SARA MELENDEZ
 Address: 6700 NW 6 AV
MIAMI FL 33150

SEP 29 PM 1:43

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/29/2022 (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

Sara Melendez 09/29/2022
 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.

Sara Melendez 09/28/2022
 Required Signature/Incorporator Date