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Division of Corporations

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Account Name : KIJOENNA SERVICES INC

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FLORIDA PROFIT/NON PROFIT CORPORATION ARSENIO LUXURY INC

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Help



COVER LETTER •

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

SUBJECT:	ARSENIO LUXURY INC	•			
SUBJECT.	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an or	iginal and one (1) copy of th	e articles of incorporation and a check for:			
□ \$70.00	□ \$78.75	☐ \$78.75 ☐ \$87.50			
Filing Fee	Filing Fee & Certificate of Status	Filing Fee, & Certified Copy Certified Copy & Certificate of Status			
		ADDITIONAL COPY REQUIRED			
FROM:_	KIJOENNA SER	VICES, INC Name (Printed or typed)			
1 100111	Name (Printed or typed)				
	2141 SW 1 ST SUITE 110				
	Address				
		nadioss			
MIAMI, FL 33		3135 City, State & Zip			
City, State & Zip		City, state & Zip			
7864997132					
	Daytime Telephone number				
	KRISJOENNA@YAHQO,COM				
<u></u>	E-mail address: (to b	e 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 corporatio	n shall be:	ARSENIO LUXURY INC
ARTICLE II PRINCIPAL OFFICE Principal street address 210 SW 22 AVE		Mailing address, if different is:
MIAMI FL 33135		
		<u> </u>
ARTICLE III PURPOS The purpose for which the	E corporation is organized is	is: ANY AN ALL LAWFULL BUSINESS
		7.5. 1.5.
ARTICLE IV SHARES The number of shares of st	5 ock is:	
	OFFICERS AND/OR DIR	· ;:
Name and Title:	ARSENIO ALVAREZ ME	ENDEZ P Name and Title:
Address	210 SW 22 AV	Address:
-	MIAMI FL 33135	
Name and Title:		Name and Title:
Address _		Address:
- -		
Name and Title:_		Name and Title:
Address _	·	Address:
-		

Name and Title	::	 	Name and Title:		· · · · · · · · · · · · · · · · · · ·
Address		1	Address.		
			-	, , , , , , , , , , , , , , , , , , , 	
ARTICLE VI REGI	<u>STERED AGENT</u> street address (P.O. Box NOT	acceptable) of	the registered agent	t is:	
Name:	ARSENIO ALVAREZ MENDE	z			
Address:	210 SW 22 AV				
	MIAMI FL 33135				
ARTICLE VII INCO	<u> PRPORATOR</u>				
The name and address	of the Incorporator is:				7:2
Name: _	ARSENIO ALVAREZ M	ENDEZ			:
Address:	210 SW 22 AVE		_		
	MIAMI FL 33135	<u> </u>	-		:
					i5 13
ARTICLE VIII EFF Effective date, if other	than the date of filing:	0/17/22	(OPT		i.e. O
(If an effective date is filing.)	ilisted, the date must be speci	fic and canno	t be more than fly	e days prior or 90	days after the
Note: If the date inser	ted in this block does not meet we date on the Department of S		statutory filing req	uirements, this dat	e will not be listed as
	registered agent to accept servi or with and accept the appointm				
Streen	in Alvanes Mes Required Signature/Register	rden			10/17/22
	Required Signature/Register	ed Agent		•	Date
I submit this documen document to the Depar	it and affirm that the facts statement of State constitutes a thir	ed hercin are d degree felon	truc. I am aware t y as provided for in	that the false infor s.817.155, F.S.	mation submitted in a
Required Signature/Inc	in Alsonz H	ends		Date /	0/17/22