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Florida Department of State
Division of Corporations
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H220004006233ABCT

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To:

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

From:

Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
Phone : (786)537-3766
Fax Number : (305)402-3837

****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

JLPionfoods Corp

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

2022-11-29 21:53:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing Menu

D. O'KEEFE

NOV 30 2022

COVER LETTER

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

(((H22000400623 3)))

JLPionfoods Corp

SUBJECT:(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: JEIXON JOSE LEON MARTINEZ**

Name (Printed or typed)

10441 MAHOGANY KEY CIRCLE APT 203

Address

MIAMI FLORIDA 33196

City, State & Zip

7865373766

Daytime Telephone number

kmlmultiservicescorp@gmail.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

(((H22000400623 3)))

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

ARTICLE I NAMEThe name of the corporation shall be: JLPionfoods CorpARTICLE II PRINCIPAL OFFICEPrincipal street address10441 MAHOGANY KEY CIRCLE APT 203MIAMI FLORIDA 33198

Mailing address, if different is:

SAMEARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JEIXON JOSE LEON MARTINEZName and Title: PAddress 10441 MAHOGANY KEY CIRCLE APT 203Address: SAMEMIAMI FLORIDA 33198

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 DIVISION OF CORPORATIONS
 KML MULTISERVICE

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: KATHERINE CAICEDOAddress: 8249 NW 36TH ST SUITE 212DORAL FL 33166ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: JEIXON JOSE LEON MARTINEZAddress: 10441 MAHOGANY KEY CIRCLE APT 203MIAMI FLORIDA 33196FILED
2022 NOV 29 AM 11:46
CLERK OF COURT
TALLAHASSEE, FLORIDAARTICLE VIII EFFECTIVE DATE:

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*KATHERINE CAICEDO

Required Signature/Registered Agent

11/29/2022

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.817.155, F.S.*JEIXON JOSE LEON MARTINEZ

Required Signature/Incorporator

11/29/2022

Date

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