

# P230000001617

## 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 : I2008000033  
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.C MIAMI GENERAL SERVICES INC

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

2023 01 - 03 11:23:14

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**COVER LETTER**

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

SUBJECT: A.C MIAMI GENERAL 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.C MIAMI GENERAL SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2984 SW 7 STMIAMI FL 33135**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: CRISTIAN ACEITUNO LAZA

P

Name and Title: \_\_\_\_\_

Address 2984 SW 7 ST

Address: \_\_\_\_\_

MIAMI FL 33135Name and Title: EDY ALEXANDER NAIRA BORJAS

VP

Name and Title: \_\_\_\_\_

Address 2984 SW 7 ST

Address: \_\_\_\_\_

MIAMI FL 33135

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: CRISTIAN ACEITUNO LAZA  
Address: 2984 SW 7 ST  
MIAMI FL 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CRISTIAN ACEITUNO LAZA  
Address: 2984 SW 7 ST  
MIAMI FL 33135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/09/22 (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*

Cristian Aceituno  
Required Signature/Registered Agent

01/09/22  
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.*

Cristian Aceituno  
Required Signature/Incorporator

Date 01/09/22