

1/26/23, 6:08 PM

Division of Corporations

# P23000007316

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To:

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

From:

Account Name : TAX S PRO CORP  
Account Number : 120200000147  
Phone : (786)307-2733  
Fax Number : (554)420-7118

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: **INFO@TAXSPRO.COM**

## FLORIDA PROFIT/NON PROFIT CORPORATION KAYAO CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

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

SUBJECT: **KAYAO CORP**  
(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: **TAX S PRO CORP**  
Name (Printed or typed)  
**8030 PINES BLVD**  
Address  
**PEMBROKE PINES, FLORIDA 33024**  
City, State & Zip  
**786-3072733**  
Daytime Telephone number  
**INFO@TAXSPRO.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:

**KAYAO CORP**ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

500 S CRESCENT DRIVE , APT 206  
HOLLYWOOD, FL 33021500 S CRESCENT DRIVE , APT 206  
HOLLYWOOD , FL 33021ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PRESIDENT  
MENDOZA ZUNIGA, JOSE ANTONIOVICE PRESIDENT  
ARCE, JENY JACQUELINEAddress: 500 S CRESCENT DRIVE , APT 206  
HOLLYWOOD, FL 33021500 S CRESCENT DRIVE , APT 206  
HOLLYWOOD , FL 33021Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_Name and Title: \_\_\_\_\_  
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: TAX S PRO CORP  
Address: 8030 PINES BLVD  
PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: JOSE A MENDOZA  
500 S CRESCENT DRIVE, APT 206  
HOLLYWOOD, FL 33021

ARTICLE VIII EFFECTIVE DATE: 01/26/2023

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*

\_\_\_\_\_  
Required Signature Registered Agent  
01/26/2023  
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*

\_\_\_\_\_  
Required Signature Incorporator  
01/26/2023  
Date