

**P23000038764**

Florida Department of State  
Division of Corporations  
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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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 16 PM 2:06

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**\*\*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  
KNP CONSTRUC SERVICES & ELECTRICAL INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

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## COVER LETTER

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

SUBJECT: KNP CONSTRUC SERVICES & ELECTRICAL 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)

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

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TALLAHASSEE, FL

**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: KNP CONSTRUC SERVICES & ELECTRICAL INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2041 NW SOUTH RIVER DR

MIAMI FL 33125

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: ALIDA OLIVARES PRESIDENT

Address: 2041 NW SOUTH RIVER DR

MIAMI FL 33125

Name and Title: KERIN MENCAS MANAGER

Address: 2041 NW SOUTH RIVER DR

MIAMI FL 33125

Name and Title: ENNA DIEPPA VP

Address: 2041 NW SOUTH RIVER DR

MIAMI FL 33125

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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:

OLIVARES ALIDA

Address:

2041 NW SOUTH RIVER DR

MIAMI FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

OLIVARES ALIDA

Address:

2041 NW SOUTH RIVER DR

MIAMI FL 33125

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/11/23 (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

05/11/23

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

Date

05/11/2023

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TALLAHASSEE, FL