

P23000046995

Florida Department of State
Division of Corporations
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H230002203863ABC-

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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:

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2023 JUN 20 PM 3:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
FIVE STAR TEAM SERVICES CORP**

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

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FIVE STAR TEAM SERVICES 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: KIJOENNA SERVICES, INC
Name (Printed or typed)
2141 SW-1 ST SUITE 110
Address
MIAMI, FL 33135
City, State & Zip
7864987132
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 NAMEThe name of the corporation shall be: FIVE STAR TEAM SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address12408 NW 13 TH AVE

Mailing address, if different is:

NORTE MIAMI FL 33167**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: RICARDO MARTINEZ

P. Name and Title:

Address 12405 NW 13TH AVE

Address:

NORTE MIAMI FL 33167

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF
TALLAHASSEE, FLORIDA

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: _____

RICARDO MARTINEZ

Address: _____

12405 NW 13TH AVE

NORTE MIAMI FL 33167

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____

RICARDO MARTINEZ

Address: _____

12405 NW 13 TH AVE

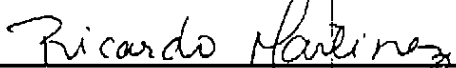
NORTE MIAMI FL 33167

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06/20/2023 (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

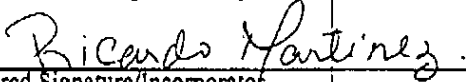


Required Signature/Registered Agent

06/20/2023

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

06/20/23

Date