

Florida Department of State

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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

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
Y&S ELECTRIC SERVICES ONE INC**

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COVER LETTER

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

SUBJECT: Y&S ELECTRIC SERVICES ONE 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
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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: Y&S ELECTRIC SERVICES ONE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1214 E HOLLAND AVETAMPA FL 33612

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: GALVEZ AVILA YERLIN EDGARDO PAddress 1214 E HOLLAND AVETAMPA FL 33612

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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CLERK OF STATE
TALLAHASSEE, FL

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: GALVEZ AVILA YERLIN EDGARDOAddress: 1214 E HOLLAND AVE
TAMPA FL 33612**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: GALVEZ AVILA YERLIN EDGARDOAddress: 1214 E HOLLAND AVE
TAMPA FL 33612**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 06/22/23 (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*Galvez Avila Yerlin Edgardo
Required Signature/Registered Agent06/22/23

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.*Galvez Avila Yerlin Edgardo
Required Signature/Incorporator

Date

06/22/23FILED
2023 JUN 23 04:12:44
TALLAHASSEE, FL
DEPARTMENT OF STATE