1005690 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 : (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 PARILLIMOTORS INC

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Corporate Filing Menu

Help

Department of State New Piling Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 PARILLIMOTORS INC SUBJECT: _ (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$78.75 ☐ \$87.50 **3** \$70.00 □ □ \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Cerisheale of Status & Carthed Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED KIJOENNA SERVICES, INC. FROM: _____ Name (Printed or typed) 2141 SW 1 ST SUITE 110 Address 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	n shali be:PARILLIMO	TORS INC				
ARTICLE II PRINCIE				ing address, if different is:		
6416 NW 102ND CT # 6		_ ·				
DORAL FL 33178	:		·			
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ARTICLE IV SHARES The number of shares of ste		. .			OF STATE ELFT CRIP PH 3: 33	
	OFFICERS AND/OR DIRECT	ORS			••	
Name and Title:_	YURIANA BRICENO PARILLI	Р	Name and Title:			
Address _	5416 NW 102 ND CT#6		_ Address:			
-	DORAL FL 33178					
_						
			, =			
Name and Title:	RICARDO BRICENO PARILLI	<u>VP</u>	Name and Title:		 	
Address _	6418 NW 102ND CT		Address:			
_	DORAL FL 33178					
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Name and Title:_		·	Name and Title:	<u> </u>	·	
Address			_ Address:			
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Name and Title:		Name and Title:		
Address		Address:		
	,			
	EGISTERED AGENT rida street address (P.O. Box NOT accepta	ble) of the registered age	nt is:	
Name:	YURIANA BRICENO PARILLI			
Address:	6416 NW 102 ND CT# 6			SECRETA FALLAHA 2023 AUG
	DORAL FL 33178			1 5
ARTICLE VII II	VCORPORATOR			SI'E.I
The name and add	ress of the Incorporator is:			ယ္ (၁၅
Name:	YURIANA BRICENO PARILLI			33 E
Address:	6416 NW 102 ND CT # 6			
	DORAL FL 33178			
Effective date, if o (If an effective da	SFFECTIVE DATE: ther than the date of filing: te is listed, the date, must be specific and	(Ur		90 days after the
filing.)	· !			
	nserted in this block does not meet the appointment of State's re		equirements, this de	ite will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of promiliar with and accept the appointment as r	ocess for the above stated registered agent and agre	i corporation at the se to act in this cap	place designated in this
Uluria	na Bricemo Pa	relle		08/03/23
	Required Signature/Registered Age	nt ¹		Date
	ment and affirm that the facts stated here epartment of State constitutes a third degre			rmation submitted in i
Required Signature	na Griano Pr	relli	Date	08/03/23
V	•	•		