

P2400007694

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 : 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
MEGA TIRES SERVICES INC

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

2024 JAN 30 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2024 JAN 30 PM 1:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T.J.A

1/31/24

COVER LETTER

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

SUBJECT: MEGA TIRES SERVICES 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 ☐ \$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
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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MEGA TIRES SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
480 NE 5TH STMailing address, if different is:

_____FLORIDA CITY FL 33034**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: BRAYAN GALVES P Name and Title: _____Address 480 NE 5TH ST Address: _____
FLORIDA CITY FL 33034 _____Name and Title: NOLVIA SANTOS VP Name and Title: _____Address 480 NE 5TH ST Address: _____
FLORIDA CITY FL 33034 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE
SECRETARY OF STATE
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: BRAYAN GALVEZAddress: 480 NE 5TH STFLORIDA CITY FL 33034**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BRAYAN GALVESAddress: 480 NE 5TH STFLORIDA CITY FL 33034**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/30/24 (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*Brayan Galves

Required Signature/Registered Agent

01/30/24

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.*Brayan Galves

Required Signature/Incorporator

Date

01/30/24SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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