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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
SOUTH RIVER ELECTRIC INC**

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

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DEPT. OF STATE
DIVISION OF CORPORATIONS
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: SOUTH RIVER ELECTRIC 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)

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

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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: SOUTH RIVER ELECTRIC INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
2141 SW 1 ST, STE 110

Mailing address, if different is:

MIAMI FL 33135**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: KRISTHEL PEREZP

Name and Title:

Address 1250 LINCOLN RD

Address:

APT 409MIAMI FL 33139Name and Title: ENNA DIEPPAVP

Name and Title:

Address 2041 NW SOUTH RIVER DR

Address:

MIAMI FL 33125

Name and Title:

Name and Title:

Address

Address:

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STATE
OF 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: KRISTHEL PEREZ
Address: 1250 LINCOLN RD, APT 409
MIAMI BEACH FL 33139

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: KRISTHEL PEREZ
Address: 1250 LINCOLN RD APT 409
MIAMI BEACH FL 33139

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 02/02/2024 (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

02/02/2024

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

02/02/2024

Date

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CORPORATE
RECORDS - MIAMI
FL