

P240000/8001

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
FE&RO MULTISERVICE INC**

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

2024 MAR 12 AM 8:56
KIJONNA SERVICES, FLA

FILED

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2024 MAR 12 AM 9:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FE&RO MULTISERVICE 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
Filing Fee

☐ \$78.75
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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TALLAHASSEE, FL
STATE

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: FE&RO MULTISERVICE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
2227 NW 135 TH TERR

Mailing address, if different is:

OPA LOCKA FL 33054**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: SAMUEL FERRER P

Name and Title:

Address 2227 NW 135 TH TERR

Address:

OPA LOCKA FL 33054Name and Title: LEONEL FERRER VP

Name and Title:

Address 2227 NW 135 TH TERR

Address:

OPA LOCKA FL 33054Name and Title: CARMEN DOFFOUL S

Name and Title:

Address 2227 NW 135 TH TERR

Address:

OPA LOCKA FL 33054

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2024 MAR 12 AM 8:56
CLERK OF DISTRICT COURT
DADE COUNTY
MILWAUKEE 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: FERRE SAMUEL

Address: 2227 NW 135 TH TERR

OPA LOCKA FL 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: FERRE SAMUEL

Address: 2227 NW 135 TH TERR

OPA LOCKA FL 33054

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/11/2024, (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

Samuel Ferre

Required Signature/Registered Agent

03/11/2024

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.

Samuel Ferre

Required Signature/Incorporator

03/11/24

Date

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CLERK OF THE COURT
HALL COUNTY, FL