

P24000019002

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 : 120080000033  
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  
ACOSTA FOOD TRUCK INC

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

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2024 MAR 15 PM 4:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAR 15 PM 5:27

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## COVER LETTER

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

SUBJECT: ACOSTA FOOD TRUCK 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.

ACOSTA FOOD TRUCK INC  
5:27

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: ACOSTA FOOD TRUCK INC

ARTICLE II PRINCIPAL OFFICE

17 E LUCY ST Principal street address

Mailing 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: JUAN GALVEZ ACOSTA

P

Name and Title: \_\_\_\_\_

Address 17 E LUCY ST

Address: \_\_\_\_\_

FLORIDA CITY FL 33034

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2024 JUN 10 11:51:27

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN GALVEZ ACOSTA  
Address: 17 E LUCY ST  
FLORIDA CITY FL 33034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN GALVEZ ACOSTA  
Address: 17 E LUCY ST  
FLORIDA CITY FL 33034

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/15/2024 (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*

Juan Galvez Acosta 03/15/2024  
Required Signature/Registered Agent 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.*

Juan Galvez Acosta 03/15/2024  
Required Signature/Incorporator Date