

PR 400022916

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
ECUALOIR INC

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

RECEIVED

2024 APR -1 PM 1:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: ECUALOIR 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)

SECRETARY OF STATE
TALLAHASSEE, FL

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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 shall be: ECUALOIR INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>2310 WEST FLAGLER</u> <u>MIAMI 33135</u>	Mailing address, if different is:
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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: <u>OSWALDO IBARRA</u> Address: <u>2310 WEST FLAGLER</u> <u>MIAMI FL 33135</u>	P Name and Title: _____ Address: _____ Name and Title: _____ Address: _____ Name and Title: _____ Address: _____ Name and Title: _____ Address: _____
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 2024 MAR -1 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE FL

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: IBARRA OSWALDO
Address: 2310 WEST FLAGLER
MIAMI FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IBARRA OSWALDO
Address: 2310 WEST FLAGLER
MIAMI FL 33135

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CLERK OF THE STATE
PALM BEACH, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/01/24 (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

Oswaldo Ibarra 04/01/24
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.

Oswaldo Ibarra 04/01/24
Required Signature/Incorporator Date