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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KIJOENNA SERVICES INC

Account Number : 120080000033

Phone Fax Number

: (305)644-3055 : (305)644-3052

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email	Add	ress	:
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FLORIDA PROFIT/NON PROFIT CORPORATION MUJICA ELECTRIC SERVICES INC

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COVER LETTER

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

SLIB DECT.	MUJICA ELECTRIC SERVICES INC		
SOBSECT.	(PROPOSED CORPORA)	TE NAME – <u>MUST</u>	INCLUDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation	on and a check for:
⊑ _k \$70.00	□ \$ 78.75	□ \$78.75	□ \$87.50
	Filing Fce	Filing Fee	Filing Fee,
_	& Certificate of Status	& Certified Co	py Certified Copy
			& Certificate of
		ADDITIONA	Status L COPY REQUIRED
	VHOENINA SERVICES	ING.	
FROM:	KIJOENNA SERVICES, INC Name (Printed or typed)		
	, and	(Timica or typea)	
	2141 SW 1 ST SUIT	1	
	A	ddress	
	MIAMI, FL 33135 City, 5	State & Zip	
	,, ,		
	7864997132		
	Daytime Te	lephone number	
	KRISJOENNA@YAHOO.COM		
	E-mail address: (to be used	for future annual re	port notification)
	NOTE: Please provide the ori	iginal and one co	py 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 corporat	ion shall be: MUJICA E	LECTRIC SERVICE	SINC
ARTICLE II PRINC 4488 BLUFF OAK L	Principal street address	_	Mailing address, if different is:
KISSIMMEE, FL	34746		****
ARTICLE III PURPO The purpose for which the	DSE ne corporation is organized is:	ANY AN ALL LAWFU	JEL BUSINESS
			S 26
			SEPREJARY
ARTICLE IV SHARE The number of shares of	<u>ES</u> 100 stock is:		PH Z: LI OF STATE SEE, FL
	L OFFICERS AND/OR DIRECT		
Name and Title Address	: MUJICA ANDRES 4488 BLUFF OAK LOOP		Title:
Acutess	KISSIMMEE FL 34746	Address:	
Name and Title;		Name and	Title:
Address		Address:	
Name and Title:		Name and	file:
Address		Address:	
			

Name and T	itle:	Name and Title:
Address		Address:
	GISTERED AGENT da street address (P.O. Box NOT acceptable) o	f the registered spant is:
Name:	MUJICA ANDRES	
Address:	4488 BLUFF OAK LOOP	AHASSEE
_	KISSIMMEE FL 34746	
ARTICLE VII IN	CORPORATOR	OF STATE SEE, FL
	ess of the Incorporator is:	
Name:	MUJICA ANDRES	
Address:	4488 BLUFF OAK LOOK	
	KISSIMMEE FL 24746	_
Effective date, if oth	FFECTIVE DATE: output output	(OPTIONAL) of be more than five days prior or 90 days after the
	scrted in this block does not meet the applicable ctive date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having heen named certificate, I am fam	as registered agent to accept service of process j iliar with and accept the appointment as registe	for the above stated corporation at the place designated in th red agent and agree to act in this capacity
Nu	n Ca Anches Required Signature/Registered Agent	04/15/24
	O Required Signature/Registered Agent	Date
	ent and affirm that the facts stated herein are partment of Stute constitutes a third degree felor	true. I am aware that the false information submitted in ny as provided for in s.&17.155, F.S.
	rice Addres	04/15/24
Required Signatures	Incorporator (· Date