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Florida Department of State
Division of Corporations
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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
CTS CONSTRUCTION STAFFING INC

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

RECEIVED

2024 MAY -6 AM 11:02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY -6 PM 2:30

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COVER LETTER

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

SUBJECT: CTS CONSTRUCTION STAFFING 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

7864987132

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.

2024 MAY - 6 PM 2:50

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: _____

CTS CONSTRUCTION STAFFING INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15494 SW 41ST TERRACE

Mailing address, if different is: _____

MIAMI FL 33185**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: **CESAR TRUJILLO**

P Name and Title: _____

Address **15494 SW 41ST TERRACE**

Address: _____

MIAMI FL 33185

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2024 MAY 10 11:21:50

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: TRUJILLO CESAR

Address: 15494 SW 41ST TERRACE

MIAMI FL 33185

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: TRUJILLO CESAR

Address: 15494 SW 41ST TERRACE

MIAMI FL 33185

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/06/2024 (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

Cesar Trujillo

Required Signature/Registered Agent

05/06/2024

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.

Cesar Trujillo

Required Signature/Incorporator

05/06/2024

Date

2024 May -6 11:25:50