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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 : KIJOENNA SERVICES INC
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

S. C. THAI
JUN 14 2024

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DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
KAI TECHNOLOGIES INC

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

COVER LETTER

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

SUBJECT: KAI NOW TECHNOLOGIES, INC
.....POSED 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
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.

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: KAI ALOW TECHNOLOGIES, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

4340 NW 79THMIAMI FL 33166**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

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TALLAHASSEE CORPORA
TIONS, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: EMILIANO PROVENZALI P Name and Title: _____Address: 4340 NW 79TH Address: _____MIAMI FL 33166 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: PROVENZALI EMILIANOAddress: 4340 NW 79THMIAMI FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: PROVENZALI EMILIANOAddress: 4340 NW 79THMIAMI FL 33166

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06/10/24 (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

Emiliano Provenzali
 Required Signature/Registered Agent

06/10/24
 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.

Emiliano Provenzali
 Required Signature/Incorporator

06/10/24
 Date