

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: _____

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2024 JUL -2 PM 3:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDAFLORIDA PROFIT/NON PROFIT CORPORATION
MULTI SERVICIOS&TRANPORTE INC

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

2024 JUL -2 AM 11:18

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DIVISION OF CORPORATIONS

MS

COVER LETTER

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

SUBJECT: MULTI SERVICIOS & TRANSPORTE 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)

NOTE: Please provide the original and one copy of the articles.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 JUL -2 AM 11:18

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MULTI SERVICIOS & TRANSPORTE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address701 NW 2ND AVE

Mailing address, if different is:

DEERFIELD BEACH FL 33441**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: OSCAR IGNACIO MEJIAS CARDENASP

Name and Title: _____

Address

701 NW 2ND AVE
DEERFIELD BEACH FL 33441

Address: _____

Name and Title: ISMANY JAVIER PINEDA ZELAYAVP

Name and Title: _____

Address

1336 MEADOWLANE DR
BOTON ROUGE LA 70810

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: MEJIAS CARDENAS OSCAR IGNACIO
Address: 701 NW 2ND AVE
DEERFIELD BEACH FL 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MEJIAS CARDENAS OSCAR
Address: 701 NW 2ND AVE
DEERFIELD BEACH FL 33441

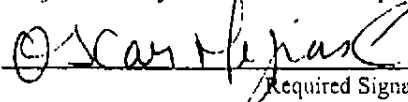
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/02/2024 (OPTIONAL)

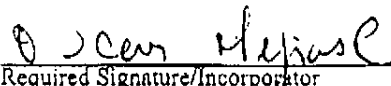
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 07/02/24
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.

 07/02/24
Required Signature/Incorporator Date