

**P2400044834**

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  
SPORTPRO SERVICES INC**

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

T.S.H

7/8/24

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

850-617-6381

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fax Server



July 3, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KIJOENNA SERVICES INC

SUBJECT: SPORTPRO SERVICES INC  
REF: W24000099007

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Meikel Swatts  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: B24000226955  
Letter Number: 324A00014604

RECEIVED  
JUL 12 2024  
STATE

**COVER LETTER**

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

**SUBJECT:** SPORTPRO SERVICES 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.

**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: SPORTPRO SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

20155 NE 38TH CTAVENTURA FL 33180**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: RODRIGO MANUEL FLEITAS COLOMBO P Name and Title: \_\_\_\_\_Address 20155 NE 38TH CT Address: \_\_\_\_\_AVENTURA FL 33180 \_\_\_\_\_Name and Title: SELVA BERECOCHEA MANAGER Name and Title: \_\_\_\_\_Address 20155 NE 38TH CT Address: \_\_\_\_\_AVENTURA FL 33180 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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JUL 03 2024 PM 12:47  
CLERK OF STATE

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: BERRECOCHEA SELVA  
Address: 20155 NE 38TH CT  
AVENTURA FL 33180

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: BERRECOCHEA SELVA  
Address: 20155 NE 38TH CT  
AVENTURA FL 33180

**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:*

Rodriguez Fuentes  
Required Signature/Registered Agent

07/02/24  
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.*

Rodriguez Fuentes  
Required Signature/Incorporator

07/02/24  
Date

FILED  
JUL 03 2024  
TALLAHASSEE  
STATE