

P21000001694

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000009782 3)))



H210000097823ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: \_\_\_\_\_

RECEIVED  
2021 JAN -8 PM 1:05

FLORIDA PROFIT/NON PROFIT CORPORATION  
GLOBAL FLORIDA INTERNATIONAL INC

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

FILED  
STATE OF FLORIDA  
2021 JAN -8 AM 10:57

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 11 2021

T. SCOTT



January 6, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KIJOENNA SERVICES

SUBJECT: GLOBAL INTERNATIONAL INC  
REF: W21000001129

We have received your document for GLOBAL INTERNATIONAL INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

WILLIAM LAWRENCE  
Regulatory Specialist II

FAX Aud. #: H21000003875  
Letter Number: 921A00000257

Jan. 3. 2021 10:00AM

COVER LETTER

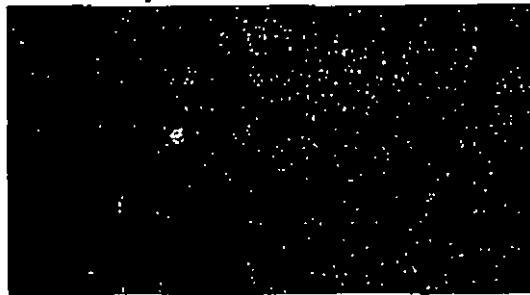
No. 0251 P. 6

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

SUBJECT: GLOBAL FLORIDA INTERNATIONAL, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status



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.**

Jan. 8. 2021 10:08AM

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

No. 0251 P. 7

ARTICLE I NAME

The name of the corporation shall be: GLOBAL FLORIDA INTERNATIONAL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
9702 CYPRESS ST  
TAMPA FL 33635

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PROPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LEIDY DORANTE</u>	<u>P</u>	Name and Title:	_____
Address	<u>9702 CYPRESS ST</u>		Address:	_____
	<u>TAMPA FL 33635</u>			_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

FILED  
 2021 JAN -8 AM 10:57  
 STATE OF FLORIDA

Jan. 8. 2021 10:00AM

No. 0251 P. 8

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: DORANTE LEIDY

Address: 9702 CYPRESS ST  
TAMPA FL 33635

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DORANTE LEIDY

Address: 9702 CYPRESS ST  
TAMPA FL 33635

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/08/2021 (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*

Leidy Dorante  
Required Signature/Registered Agent

01/08/2021  
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.*

Leidy Dorante  
Required Signature/Incorporator

01/08/2021  
Date