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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 : KIOENNA SERVICES INC
Account Number : I2008000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
MASCOTA FOOD SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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HL

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: MASCOTA FOOD 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 Filing Fee
 \$78.75 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

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: MASCOTA FOOD SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>1010 NORTH 73RD WAY</u> <u>HOLLYWOOD FL 33024</u>	Mailing address, if different is: <hr/> <hr/>
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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: <u>MARTHA ACOSTA</u>	P	Name and Title: _____
Address: <u>1010 NORTH 73RD WAY</u>		Address: _____
<u>HOLLYWOOD FL 33024</u>		_____

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

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

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 TALLAHASSEE, FLORIDA
 COUNTY CLERK'S OFFICE

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: MARTHA ACOSTA

Address: 1010 NORTH 73RD WAY

HOLLYWOOD FL 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARTHA ACOSTA

Address: 1010 NORTH 73RD WAY

HOLLYWOOD FL 33024

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/21/22 (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

Martha Acosta

Required Signature/Registered Agent

11/21/22

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.

Martha Acosta

Required Signature/Incorporator

Date 11/21/22