

P19000020874

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6391

From: Account Name : TRAMILEX LLC  
Account Number : 120130000086  
Phone : (786) 469-9163  
Fax Number : (305) 848-3716

\*\*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  
VALVERDE FITNESS INC

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

2019 MAR 12 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

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

SUBJECT: VALVERDE FITNESS 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: Astrid J Coto Tur  
Name (Printed or typed)

1756 N Baysshore Dr Apt 25K  
Address

Miami, Fl 33132  
City, State & Zip

(786) 867-7887  
Daytime Telephone number

valverdefitness@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME** VALVERDE FITNESS INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
1756 N Bayshore Dr Apt 25K SAME ADDRESS  
Miami, Fl 33132

**ARTICLE III PURPOSE** ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jorge A. Fernandez Valverde. P Name and Title: \_\_\_\_\_  
Address 1756 N Bayshore Dr Apt 25K Address: \_\_\_\_\_  
Miami, Fl 33132

Name and Title: Astrid J. Coto Tur. VP Name and Title: \_\_\_\_\_  
Address 1756 N Bayshore Dr Apt 25K Address: \_\_\_\_\_  
Miami, Fl 33132

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

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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: Astrid J. Coto Tur  
 Address: 1756 N Bayshore Dr Apt 25K  
Miami, FL 33132

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERIK GONZALEZ  
 Address: 8660 W FLAGLER ST STE 207  
MIAMI, FL 33144

**ARTICLE VIII EFFECTIVE DATE:** 03/12/2019 (OPTIONAL)

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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*

*Astrid* 03/12/2019  
 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.*

*[Signature]* 03/12/2019  
 Required Signature/Incorporator Date

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