Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC

Account Number : 120150000086 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	. Addres:	8:	

## FLORIDA PROFIT/NON PROFIT CORPORATION SARMIENTO TORRES CORP

Certificate of Status	0
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DEC 0 5 2018

## **COVER LETTER**

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

SUBJECT: SA	RMIE	NTO TORRES CORP (PROPOSED CORPORA	ATE NAME – <u>MUST INCLU</u>	JDE SUFFIX)	_
Enclosed are an	origi	nal and one (1) copy of the ar	ticles of incorporation and	a check for:	
■ \$70. Filing F		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL CO	PY REQUIRED	
FROM	ARII	I RONDON TORRES			
·			e (Printed or typed)		මේ දී වෙන මැඩි
	4921 W SAMPLE RD APT 306				
Address I TO TO TO THE T					
COCONUT CREEK, FL 33073					
City, State & Zip					
	(954)	937-0087			
		Daytime 1	elephone number		
		E-mail address: (to be use	d for future annual report n	otification)	

H18000345783 3

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)

	SARMIENTO TORRES C		
4 <i>RTICLE II PRINCI</i> 4921 W SAMPLE RD A	Principal street address	Mailing address, if SAME ADRESS	different is:
COCONUT CREEK, FI			
	SE ANY Alle corporation is organized is:	ND ALL LAWFUL BUSINESS	
ARTICLE IV SHARE			) ) ) (
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	<del></del>	
Name and Title	ARILI RONDON TORRES. P	Name and Title:	
Address	4921 W SAMPLE RD APT 306	Address:	
	COCONUT CREEK, FL 33073		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

## Dec. 5. 2018 11:59AM MIRACLE HEALTH SERV H18000345年83 3

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	ARILI RONDON TORRES	of the registered agent is.	
Address:	4921 W SAMPLE RD APT 306		
	COCONUT CREEK, FL 33073		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	ddress of the Incorporator is:		
Name:	ERIK GONZALEZ		
Address:	8660 W FLAGLER ST STE 207		
	MIAMI, FL 33144		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and calling.)	. (OPTION	
	inserted in this block does not meet the applica ffective date on the Department of State's recor		ents, this date will not be listed as
	ned as registered agent to accept service of pro- am familiar with and accept the appointment as		
Peile			12/05/2018
77!	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein t Department of State constitutes a third degree fo		
	1/4	•	12/05/2018
Requi	red Signature/Incorporator	<del></del>	Date