

**P1800098713**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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resubmitted

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : TRAMILEX LLC  
Account Number : I20150000036  
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  
COMPENSA TU DOLOR INC**

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

2018 DEC -5 PM 9:58

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**COVER LETTER**

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

**SUBJECT:** COMPENSA TU DOLOR 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:** ENRIQUE ARRIETA

Name (Printed or typed)

8860 SW 183rd TER

Address

PALMETTO BAY, FL 33157

City, State & Zip

(305)742-3526

Daytime Telephone number

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** COMPENSA TU DOLOR INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**Principal street address

8860 SW 183rd ST

PALMETTO BAY, FL 33157

Mailing address, if different is:

SAME ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: ENRIQUE ARRIETA. P

Address

8860 SW 183rd ST

PALMETTO BAY, FL 33157

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2018 DEC -5 AM 9:58  
MIRACLE HEALTH SERVICES

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Dec. 5. 2018 2:26PM

MIRACLE HEALTH SERV

No. 4096 P. 4

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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: ENRIQUE ARRIETA

Address: 8860 SW 183rd ST

PALMETTO BAY, FL 33157

**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:**

Effective date, if other than the date of filing: 12/05/2018 (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*

  
Required Signature/Registered Agent

12/05/2018  
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.*

  
Required Signature/Incorporator

12/05/2018  
Date

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