

P1900007842

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H19000032933 3)))



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

From: Account Name : TRAMILEX LLC
Account Number : I20150000086
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
DIMONDE CORP

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

2019 JAN 28 PM 2:50

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Corporate Filing Menu

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19 JAN 28 PM 5:00

FILED
DIVISION OF CORPORATIONS

419000032933 3

COVER LETTER

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

SUBJECT: DIMONDE CORP

(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: ANDRES F GARAVITO RUBIO

Name (Printed or typed)

8749 THE ESPLANADE UNIT 8

Address

ORLANDO, FL 32836

City, State & Zip

(305)848-3716

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.

419000032933 3

419000032933 5

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: DIMONDE CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8749 THE ESPLANADE UNIT 8
ORLANDO, FL 32836

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: ANDRES F GARAVITO RUBIO. P

Name and Title: _____

Address 8749 THE ESPLANADE UNIT 8
ORLANDO, FL 32836

Address: _____

Name and Title: JUAN M GARAVITO RUBIO. VP

Name and Title: _____

Address 8749 THE ESPLANADE UNIT 8
ORLANDO, FL 32836

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

419000032933 3

419000032933 3

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: ANDRES F GARAVITO RUBIO
Address: 8749 THE ESPLANADE UNIT 8
ORLANDO, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

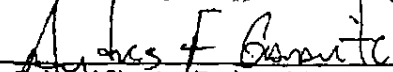
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/28/2019 (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

01/28/2019

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

01/28/2019

Date

419000032933 3