Division of Corporations Electronic Filing Cover Sheet

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(((H19000163971 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC Account Number : 120150000086 : (786)469-9153 : (305)848-3716 Fax Number

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Email Address:\_

### FLORIDA PROFIT/NON PROFIT CORPORATION SHOPPERS J & J CORP

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#### **COVER LETTER**

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

SHOP	PERS J & J CORP		
SUBJECT:	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	<b>378.75</b>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: _	IHON E. HERRERA RAMIREZ	(Printed or typed)	
1	6710 NE 9th AVE UNIT 802		
- ì	NORTH MIAMI BEACH, FL 33162	Address	
	City,	State & Zip	
(	(786) 414.2358		
-	Daytime T	elephone number	
-	E-mail address: (to be use	d for future annual report	notification)

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

## H19000163971 3

#### ARTICLES OF INCORPORATION

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

ICI FIT PRIN	CIPAL OFFICE		
ICLEH FROM	Principal street address		address, if different is:
10 NE 9th AVE U	NIT 802	SAME ADRESS	5
RTH MIAMI BEA	ACH, FL 33162		
ICLE III PURI purpose for which	POSE ANY AND the corporation is organized is:	ALL LAWFUL BUSINE	ess
· · · · · ·			
TCLE IV SHA	RES 100 of stock is:		
number of shares	of stock is:		
number of shares	of stock is:	Name and Title:	
number of shares	of stock is:		
Name and Ti	of stock is:  **IAL OFFICERS AND/OR DIRECTORS**  ITHON E. HERRERA RAMIREZ, P		
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number of shares of shares of the shares of the share and Tine Address	IAL OFFICERS AND/OR DIRECTORS INC. THON E. HERRERA RAMIREZ, P  16710 NE 9th AVE UNIT 802  NORTH MIAMI BEACH, FL 33162	Address:	SECRETARY OF TALLAHAS
Name and Ti	IAL OFFICERS AND/OR DIRECTORS  THON E. HERRERA RAMIREZ. P  16710 NE 9th AVE UNIT 802  NORTH MIAMI BEACH, FL 33162	Address:	SEGRETARY TALLAHAS
Name and Ti	IAL OFFICERS AND/OR DIRECTORS INC. THON E. HERRERA RAMIREZ, P  16710 NE 9th AVE UNIT 802  NORTH MIAMI BEACH, FL 33162	Address:	SECRETARY OF STA
Name and Ti	IAL OFFICERS AND/OR DIRECTORS INC. THON E. HERRERA RAMIREZ, P  16710 NE 9th AVE UNIT 802  NORTH MIAMI BEACH, FL 33162	Address:	SECRETARY OF STALLAHAS SEE
Name and Ti Address Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS IT INON E. HERRERA RAMIREZ. P 16710 NE 9th AVE UNIT 802 NORTH MIAMI BEACH, FL 33162	Address: Name and Title: Address:	SECRETARY OF STATE TALLAHASSEELEL
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# H190001639713

Name 8	and Title:	Name and Title:	
Addre	\$\$	Address:	·
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	) of the registered goent is:	
Name:	JHON E. HERRERA RAMIREZ	or the registered agent is.	
Address:	16710 NE 9th AVE UNIT 802	<del></del>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NORTH MIAMI BEACH, FL 33162	<del>_</del>	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	JHON E. HERRERA RAMIREZ		
Address:	16710 NE 9th AVE UNIT 802		
	NORTH MIAMI BEACH, FL 33162	<del>_</del>	
Effective date,	I EFFECTIVE DATE: 05/20/2019 if other than the date of filing: 05/20/2019 id ate is listed, the date must be specific and can filing.)	. (OPTIONA not be more than five busin	•
	ate inserted in this block does not meet the applicat effective date on the Department of State's record		nts, this date will not be listed as
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as		
- ih	oy Keroame		05/20/2019
7	Required Signature/Registered Agent		Date
I submit this de	ocument and affirm that the facts stated herein a	re true. I am aware that the	false information submitted in
docume <del>nt</del> to the	e Department of State constitutes a third degree fe	lony as provided for in s.817.	
4.1	104 Herraines		05/20/2019
/Keq	uired Signature/Incorporator		Date