11/26

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: I20150000086 : (786)469-9163 Phone : (305)848-3716 Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION JAMER ENTERPRISES CORP

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COVER LETTER

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

SUBJECT: _____

	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> U	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate o Status		
FROM:	IME CAICEDO CORTES	e (Printed or typed)			
166	3 NE 174th ST	e (trimed or typea)			
		Address			
ии	niami beach, FL 33162				
	City, State & Zip				
(78	6)380-3459				
	Daytime 1	Telephone number			
jam	erconst@gmail.com				
	E-mail address: (to be use	d for future annual report i	notification)		

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

4,90003451613

ARTICLES OF INCORPORATION

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

Mailing address, if different is:
LAWFUL BUSINESS
FILED 19 NOV 26 PH
ame and Title:
ame and Title:
ame and Title:
3

H190003451613

Name and Title:		Name and Title:			
Addres	·	Address:			
			-		
	REGISTERED AGENT lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	MIGUELINA D DIPRE	<u> </u>			
Address:	1663 NE 174th ST		ζ.		
	N MIAMI BEACH, FL 33162		19 k		
ARTICLE VII	INCORPORATOR		FIL NOV 26		
The name and a	ddress of the Incorporator is:				
Name:	ERIK GONZALEZ		<u>:</u>		
Address:	8660 W Flagler St Ste 207		원년 5		
	MIAMI, FL 33144		ŕ		
Effective date, if (If an effective of days after the fi	_	cannot be more than five busines	ss days prior or 90 business		
	e inserted in this block does not meet the apple effective date on the Department of State's rec		s, this date will not be listed as		
	med as registered agent to accept service of p am familiar with and accept the appointment				
nelis	Julina De nie		11/26/2019		
	Required Signsture/Registered Ager	ıt .	Date		
	cument and affirm that the facts stated herei Deportment of State constitutes a third degree				
/	Jan 692		11/26/2019		
Requ	red Signature Incorporation		Date		