

P20000007475

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000032448 3)))



H200000324483ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

0 P.00  
Jan 29 2020

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 29 PM 5:54

**\*\*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

## ROBERTA'S HEALTH CORP

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

RECEIVED  
2020 JAN 29 AM 7:56  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

H2000003248 3

## COVER LETTER

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

SUBJECT: ROBERTA'S HEALTH 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: Yanet Montenegro

Name (Printed or typed)

7925 SW 86th ST #908

Address

Miami, FL 33143

City, State & Zip

(786)403-3871

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.**

H2000003248 3

H20000032448 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 29 PM 5:54

# 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: ROBERTA'S HEALTH CORP

## ARTICLE II PRINCIPAL OFFICE

Principal street address

7925 SW 86th ST #908

Miami, FL 33143

Mailing address, if different is:

SAME

## 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: YANET MONTENEGRO CASTILLO. P

Name and Title: \_\_\_\_\_

Address: 7925 SW 86th ST #908

Address: \_\_\_\_\_

Miami, FL 33143

Name and Title: PAVEL IGLESIAS GOMEZ. VP

Name and Title: \_\_\_\_\_

Address: 7925 SW 86th ST #908

Address: \_\_\_\_\_

Miami, FL 33143

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

H20000032448 3

1420000032448 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: YANET MONTENEGRO CASTILLO  
Address: 7925 SW 86th ST #908  
Miami, Fl 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YANET MONTENEGRO CASTILLO  
Address: 7925 SW 86th ST #908  
Miami, Fl 33143

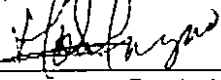
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/28/2020 (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*

 01/28/2020  
Required Signature/Registered Agent 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.*

 01/28/2020  
Required Signature/Incorporator Date

H20000032448 3