

Division of Corporations

P21000061587

Florida Department of State
 Division of Corporations
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To:

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

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Account Name : TRAMILEX LLC
 Account Number : 120150000086
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 TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA PROFIT/NON PROFIT CORPORATION
 COTOPAXI BREEZES COOLING INC**

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

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SB

7-2-21

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: COTOPAXI BREEZES COOLING 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: YONNI RODRIGUEZ MARTINEZ

Name (Printed or typed)

10900 SW 104 ST Apt 420

Address

MIAMI, FL 33176

City, State & Zip

(786) 859-6839

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

The name of the corporation shall be: COTOPAXI BREEZES COOLING INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address
10900 SW 104 ST Apt 420

MIAMI, FL 33176

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: YONNI RODRIGUEZ MARTINEZ. P

Address: 10900 SW 104 ST Apt 420

MIAMI, FL 33176

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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FALL ARIZONA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YONNI RODRIGUEZ MARTINEZ
Address: 10900 SW 104 ST Apt 420
MIAMI, FL 33176

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YONNI RODRIGUEZ MARTINEZ
Address: 10900 SW 104 ST Apt 420
MIAMI, FL 33176

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/30/2021 (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

06/30/2021

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

06/30/2021

Date

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