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Florida Department of State
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 : 120150000086
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
TSUMARAN CORP

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

Electronic Filing Menu

Corporate Filing Menu

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[Handwritten signature]

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COVER LETTER

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

SUBJECT: TSUMARAN 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: RONALD B. LOPEZ DOMINGUEZ

Name (Printed or typed)

1250 NE 125th ST APT 404

Address

NORTH MIAMI, FL 33161

City, State & Zip

(786)325-7979

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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CLERK OF STATE
MIAMI, FL 33133

2022 JAN 21 AM 10:19

FILED

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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: TSUMARAN CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

1250 NE 125th ST APT 404

MIAMI, FL 33161

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: RONALD B. LOPEZ DOMINGUEZ, P

Address: 1250 NE 125th ST APT 404

NORTH MIAMI, FL 33161

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
2022 JAN 24 AM 10:19
SECRETARY OF STATE
TREASURY DIVISION

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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: RONALD B. LOPEZ DOMINGUEZ
 Address: 1250 NE 125th ST APT 404
NORTH MIAMI, FL 33161

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RONALD B. LOPEZ DOMINGUEZ
 Address: 1250 NE 125th ST APT 404
NORTH MIAMI, FL 33161

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/21/2022 (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.*

RL 01/21/2022
 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.

RL 01/21/2022
 Required Signature/Incorporator Date

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