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Florida Department of State
Division of Corporations
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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

****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
BLOOM & GLOW I INC**

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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Handwritten initials

H220003539883

COVER LETTER

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

SUBJECT: BLOOM & GLOW 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: JULIANA GUTIERREZ HERRERA

Name (Printed or typed)

358 SAN LORENZO AVE SUITE 3225

Address

CORAL GABLES, FL 33146

City, State & Zip

(786)296-8007

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 NAMEThe name of the corporation shall be: BLOOM & GLOW I INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
358 SAN LORENZO AVE SUITE 3225CORAL GABLES, FL 33146

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: JULIANA GUTIERREZ HERRERA, P

Address

358 SAN LORENZO AVE SUITE 3225CORAL GABLES, FL 33146

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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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: JULIANA GUTIERREZ HERRERA
 Address: 358 SAN LORENZO AVE SUITE 3225
 CORAL GABLES, FL 33146

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

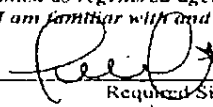
Name: JULIANA GUTIERREZ HERRERA
 Address: 358 SAN LORENZO AVE SUITE 3225
 CORAL GABLES, FL 33146

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/14/2022 (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.*



 Required Signature/Registered Agent

10/14/2022

 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

10/14/2022

 Date

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