

P230000613903

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  
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  
OK OKAY STUDIO CORP

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

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## COVER LETTER

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

SUBJECT: OK OKAY STUDIO 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee.  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: JUAN C. OJEDA MALDONADO

Name (Printed or typed)

14040 BISCAYNE BLVD APT 406

Address

NORTH MIAMI BEACH, FL 33131

City, State & Zip

(786) 704-6391

Daytime Telephone number

kalinojeda.92@gmail.com

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: OK OKAY STUDIO CORP

**ARTICLE II PRINCIPAL OFFICE**Principal street address  
14040 BISCAYNE BLVD APT 406Mailing address, if different is:  
SAME ADDRESS

NORTH MIAMI BEACH, FL 33181

**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: JUAN C. OJEDA MALDONADO P

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

Address: 14040 BISCAYNE BLVD APT 406

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

NORTH MIAMI BEACH, FL 33181

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

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

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

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

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

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

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

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: JUAN C. OJEDA MALDONADO  
 Address: 14040 BISCAYNE BLVD APT 406  
 NORTH MIAMI BEACH, FL 33181

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUAN C. OJEDA MALDONADO  
 Address: 14040 BISCAYNE BLVD APT 406  
 NORTH MIAMI BEACH, FL 33181

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/16/2023 (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  
 02/16/2023  
 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  
 02/16/2023  
 Date

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