

**P23000020355**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H230001009803))



H230001009803ABCX

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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 annual report mailings. Enter only one email address please.\*\*

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

ALLEGHANY COUNTY  
TALLAHASSEE, FL

2023 MAR 15 PM 10:36

**FILED**

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**J ARTIMES I CORP**

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

2023 MAR 15 PM 10:36

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### COVER LETTER

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

**SUBJECT:** J ARTIMES I 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

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**FROM:** JOSE R. ARTIMES GONZALEZ  
Name (Printed or typed)

8540 SW 149TH AVE. APT. 816  
Address

MIAMI FL 33193  
City, State & Zip

(786) 862-8967  
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 J ARTIMES I CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8540 SW 149TH AVE, APT. 816

MIAMI FL 33193

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE R. ARTIMES GONZALEZ, P

Address: 8540 SW 149TH AVE, APT. 816

MIAMI, FL 33193

Name and Title:

Address:

Name and Title:

Address:

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STATE OF FLORIDA
TALLAHASSEE, FL

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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: JOSE R. ARTIMES GONZALEZ

Address: 8540 SW 149TH AVE, APT. 816

MIAMI, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE R. ARTIMES GONZALEZ

Address: 8540 SW 149TH AVE, APT. 816

MIAMI, FL 33193

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FL

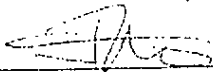
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/15/2023 (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*

	<u>03/15/2023</u>
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.*

	<u>03/15/2023</u>
Required Signature/Incorporator	Date

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