

P23000049042

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 : I20150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

SECRETARY OF STATE
TALLAHASSEE, FL

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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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ETTAM AVIATION 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: ETTAM AVIATION CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SECRETARY OF STATE
 TALLAHASSEE, FL

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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: EDWIN E DUENEZ MARTINEZ

Name (Printed or typed)

2090 SW 85th AVE

Address

DAVIE, FL 33324

City, State & Zip

786 214-1622

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 ETTAM AVIATION CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2090 SW 85th AVE

SAME ADDRESS

DAVIE, FL 33324

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is: _____

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 TALLAHASSEE, FL

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWIN E DUENEZ MARTINEZ, P

Name and Title: _____

Address 2090 SW 85th AVE

Address: _____

DAVIE, FL 33324

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: EDWIN E DUENEZ MARTINEZ
Address: 2090 SW 85th AVE
DAVIE, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EDWIN E DUENEZ MARTINEZ
Address: 2090 SW 85th AVE
DAVIE, FL 33324

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/29/2023 (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

E. DUENEZ
Required Signature/Registered Agent

06/29/2023

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.

E. DUENEZ
Required Signature/Incorporator

06/29/2023

Date

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