

P 23000049042

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

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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

RECEIVED  
2023 JUN 29 PM 4:32  
REGISTRATION  
SPECIAL SERVICES

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

GK

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### COVER LETTER

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

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TALLAHASSEE  
FL

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SUBJECT: ETTAM AVIATION 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: 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 OFFICE  
Principal 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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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 AGENT**

The 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

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

**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 06/29/2023  
 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.*

E. DUENEZ 06/29/2023  
 Required Signature/Incorporator Date

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