

P23000058023
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 : 120150000086
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: _____

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2023 AUG -7 PM 3:34
CORPORATION'S
DIVISION OF
STATES

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2023 AUG -7 PM 9:16
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TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
TRANSFORMERS SCREEN J.S CORP

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

1 of 1

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COVER LETTER

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

SUBJECT: TRANSFORMERS SCREEN JS 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: JORGE L. SCOCHNY ARIAS

Name (Printed or typed)

5321 SUMMERLIN RD APT 2112

Address

FORT MYERS, FL 33919

City, State & Zip

(510)943-2651

Daytime Telephone number

jorgescochny@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG -7 PM 9:16

FILED

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: TRANSFORMERS SCREEN JS CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

5321 SUMMERLIN RD APT 2112

FORT MYERS, FL 33919

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: JORGE L. SCOCINY ARIAS, P

Name and Title:

Address: 5321 SUMMERLIN RD APT 2112

Address:

FORT MYERS, FL 33919

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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 TALLAHASSEE, FL

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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:

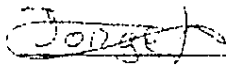
Name: JORGE L. SCOCHNY ARIAS
 Address: 5321 SUMMERLIN RD APT 2112
FORT MYERS, FL 33919

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

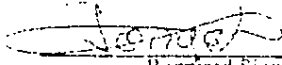
Name: JORGE L. SCOCHNY ARIAS
 Address: 5321 SUMMERLIN RD APT 2112
FORT MYERS, FL 33919

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/02/2023 (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

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

08/02/2023

08/02/2023

Date

FILED
 2023 AUG 7 PM 9:15
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 TALLAHASSEE, FL

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