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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

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
TRANSFORMERS SCREEN J.S CORP

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

RECEIVED
2023 AUG -7 PM 3:3[illegible]
[illegible] CORPORATION'S SPECIAL [illegible]

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2023 AUG -7 PM 9:16
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TALLAHASSEE, FL

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H23000273808 3

COVER LETTER

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

SUBJECT: TRANSFORMERS SCREEN J S 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)

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TALLAHASSEE, FL

NOTE: Please provide the original and one copy of the articles.

H23000273808 3

H23000273808 3

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 J.S CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
5321 SUMMERLIN RD APT 2112
FORT MYERS, FL 33919

Mailing address, if different is:
SAME ADRESS

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. SCOCHNY ARIAS, P
Address: 5321 SUMMERLIN RD APT 2112
FORT MYERS, FL 33919

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FL

H23000273808 3

H23000273808 3

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: JORGE L. SCOCHNY ARIAS

Address: 5321 SUMMERLIN RD APT 2112

FORT MYERS, FL 33919

ARTICLE VII INCORPORATOR

The **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.

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TALLAHASSEE, FLORIDA

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.

Jorge

Required Signature/Registered Agent

08/02/2023

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.

Jorge

Required Signature/Incorporator

08/02/2023

Date

H23000273808 3