

2023-09-25 20:16:23 GMT 12054022854  
**P23000069101**

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 : I2015000086  
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  
ZHAIM19 CORP

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

RECEIVED  
2023 SEP 25 PM 4:35

2023 SEP 25 AM 8:23  
CORPORATION STATE

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**COVER LETTER**

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

**SUBJECT:** ZHAIM19 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:** ZENIA QUINTERO FERNANDEZ GIL  
\_\_\_\_\_  
Name (Printed or typed)  
  
3331 NE 14th AVE  
\_\_\_\_\_  
Address  
  
POMPANO BEACH, FL 33064  
\_\_\_\_\_  
City, State & Zip  
  
(510)943-2651  
\_\_\_\_\_  
Daytime Telephone number  
  
jorgescochny@gmail.com  
\_\_\_\_\_  
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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STATE OF FLORIDA  
CORPORATION DIVISION

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ZHAIMI9 CORP  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 3331 NE 14th AVE  
POMPANO BEACH, FL 33064  
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 100  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zenia Quintero Fernandez Gil, President  
Address: 3331 NE 14th AVE  
POMPANO BEACH, FL 33064

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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STATE OF FLORIDA  
COUNTY OF PALM BEACH

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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: Zenia Quintero Fernandez Gil  
 Address: 3331 NE 14th AVE  
POMPANO BEACH, FL 33064

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 COUNTY OF BROWARD, FL  
 STATE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Zenia Quintero Fernandez Gil  
 Address: 3331 NE 14th AVE  
POMPANO BEACH, FL 33064

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/22/2023 (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 09/22/2023  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 09/22/2023  
Date

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