

Apr. 22. 2024 4:33PM

No. 1027 P. 1

# P24000027895

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ATESIANO TAX SERVICES  
Account Number : I20190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Omarfrana1308@yahoo.com

## FLORIDA PROFIT/NON PROFIT CORPORATION TRIANA REMODELING INC

Certificate of Status	0
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Apr. 22, 2024 4:54PM

No. 1027 P. 4

FLORIDA DEPT OF STATE  
Division of Corporation

04/03/2024

Subj. TRIANA REMODELING INC

To whom it may concern:

This letter of name release is for entity name regarding document #P19000086220 in association with the entity's admin dissolution. I have no intention of reinstating; therefore, you may release "TRIANA REMODELING INC" for use to another Florida entity.

Kind Regards,

A handwritten signature in black ink that reads "Omar Trlana". The signature is written in a cursive, flowing style.

Omar Trlana  
President

**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: TRIANA REMODELING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7040 SW 24 ST  
APT 111  
MIAMI FL 33155

Mailing address, if different is:  
SAME

**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: OMAR TRIANA, President Name and Title: \_\_\_\_\_

Address 7040 SW 24 ST, APT 111 Address: \_\_\_\_\_  
MIAMI FL 33155

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: OMAR TRIANAAddress: 7040 SW 24 ST APT 111MIAMI FL 33155**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: OMAR TRIANAAddress: 7040 SW 24 ST APT 111MIAMI FL 33155**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

04/03/2024

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

04/03/2024

Date

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