## 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 : (786)469-9163 Phone : (305)848-3716 Fax Number

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

Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION YSBI CORP

	المستقبل المرابع والمناز المنازي والمنازي والمنا
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu



From: Erik Gonzalez

To:

## **COVER LETTER**

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

SUBJECT: YSBI	CORP (PROPOSED CORPORATE	NAME - MUST INCLU	DE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the articl	es of incorporation and	a check for:	
<b>■</b> \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: _	SABEL M. ESCALANTE AGUILERA Name ( 004 SW 149th AVE C412	Printed or typed)		
8 —		ldress		
<u> </u>	MAMI, FL 33193	tate & Zip		
(	786) 389-4802	tute & 15.p	ša.	
Daytime Telephone number				
is	sabelescalante97@yahoo.es		JAN	77
Daytime Telephone number  isabelescalante97@yahoo.es  E-mail address: (to be used for future annual report notification)  NOTE: Please provide the original and one copy of the articles				

To:

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

ICLE II PRINC	IPAL OFFICE		10.1100
	Principal street address	Mailing ad SAME ADRESS	ldress, if different is:
	412		
MI, FL 33193	<u> </u>		
 CICLE III PURP	OSE ANY A	ND ALL LAWFUL BUSINESS	3
purpose for which	OSE he corporation is organized is:		<del></del>
			<u> </u>
TICLE IV SHAF number of shares o	f stock is:		
TICLE IV SHAP number of shares o	f stock is:	Name and Title:	
TICLE IV SHAP number of shares o	SES 100 f stock is:  AL OFFICERS AND/OR DIRECTORS le:  8004 SW 149th AVE C412	Name and Title:	
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TICLE IV SHAP number of shares o TICLE V INITI Name and Tit	f stock is:  AL OFFICERS AND/OR DIRECTORS  Isabel M Escalante Aguilera.P  8004 SW 149th AVE C412  MIAMI, FL 33193	Name and Title: Address:	
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To: • Page: 5 of 5

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From: Erik Gonzalez

Name an	d Title:	Name and Title:
Address		Address:
		_
	·	
4 <i>RTICLE VI</i> The <u>name and F</u>	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Isabel M Escalante Aguilera	_
Address:	8004 SW 149th AVE C412	
riguless.	MIAMI, FL 33193	_
		2025 JAN 10 AKII: 10
ARTICLE VII	INCORPORATOR	JAN 10
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Isabel M Escalante Aguilera	
Address:	8004 SW 149th AVE C412	
,,,,	MIAMI, FL 33193	TE 10
	fother than the date of filing:  01/10/2025	. (OPTIONAL)
(If an effective	date is listed, the date must be specific and can-	not be more than five business days prior or 90 business
days after the f		
Note: If the dat	te inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
Having been no this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as t	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
٠	al de la company	01/10/2025
	Required Signature/Registered Agent	Date
I submit this de	ocument and affirm that the facts stated herein a	re true. I um aware that the false information submitted in a
document to the	e Department of State constitutes a third degree fel	ony as provided for in \$.617.135.1.3.
	Jet 1	01/10/2025 Date
Req	uired Signature/Incorporator	