

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet for the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC
Account Number : 12015000086
Phone : (786)469-9163
Fax Number : (305)848-3716

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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

TRUEFOCUS SOLUTIONS CORP

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

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COVER LETTER

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

SUBJECT: TRUEFOCUS SOLUTIONS 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: JEAN C. VELAZQUEZ MIRANDA
Name (Printed or typed)
6206 SW 131st PL APT 102
Address
MIAMI, FL 33193
City, State & Zip
(786) 527-7286
Daytime Telephone number
jeancarlosvelazquez26@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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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME TRUEFOCUS SOLUTIONS CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6206 SW 131st PL APT 102 MIAMI, FL 33183

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: JEAN C. VELAZQUEZ MIRANDA, P Name and Title:

Address: 6206 SW 131st PL APT 102 Address:

MIAMI, FL 33183

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: JEAN C. VELAZQUEZ MIRANDA
 Address: 6206 SW 131st PL APT 102
MIAMI, FL 33183

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JEAN C. VELAZQUEZ MIRANDA
 Address: 6206 SW 131st PL APT 102
MIAMI, FL 33183

STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/03/2025, (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 02/03/2025
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 02/03/2025
Date

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