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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 JAN 25 PM 12:37

FILE

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
ABC AMERICA BATHTUB & COUNTER 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: ABC AMERICA BATHTUB & COUNTER 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: YOSMEL GUARDADO
Name (Printed or typed)
664 NW 123rd PATH
Address
MIAMI, FL 33182
City, State & Zip
(239)895-7527
Daytime Telephone number
yosmelgg@yahoo.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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: ABC AMERICA BATHTUB & COUNTER CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address
664 NW 123rd PATH
MIAMI, FL 33182

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 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOSMEL GUARDADO, President Name and Title: _____
Address: 664 NW 123rd PATH Address: _____
MIAMI, FL 33182

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: YOSMEL GUARDADO

Address: 664 NW 123rd PATH

MIAMI, FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIK GONZALEZ

Address: 8660 W FLAGLER ST STB 207

MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/25/2016 (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

_____	<u>01/25/2016</u>
Required Signature/Registered Agent	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.

_____	<u>01/25/2016</u>
Required Signature/Incorporator	Date

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