P17000092272

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H17000293890 3)))

H17000293890 3ABC8

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

From:
Account Name : TRAMILEX LLC
Account Number : I20150000086
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

### Caribe Island Trucking Inc.

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

D O'KEEFE
NOV 17 2017

Tramilex LLC.
8660 West Flagler St Suite 207
Miami, Fl 33144
Tel: (786) 469-9163.
Fax: (305) 848-3716.
Email: tramilexllc@gmail.com

November 16/2017.

# To Florida Department of State.

## Ref: Rejected Notice (H17000293890 3).

**The Company Caribe Island Trucking Inc was filled last 11/07/2017 and was rejected so we proceeded to change the name to the Caribean Y Trucking Inc. Attached Cover letter and Articles of Incorporation under new Name and Electronic Filling Cover Sheet.**

SINCERELY

Erik Gonzalez
Tramilex LLC.
**ACC # I20150000086.**

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# COVER LETTER

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

**SUBJECT:** Caribean Y Island Trucking Inc
(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: Yusbany Herrera Hernandez
Name (Printed or typed)

8152 NW 12th PL
Address

MIAMI, FL 33147
City, State & Zip

(786)416-3307
Daytime Telephone number

yusbanyherrera19@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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H17000293903

**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: Caribean Y Island Trucking Inc

***ARTICLE II PRINCIPAL OFFICE***

Principal **street** address
8152 NW 12th PL
MIAMI, FL 33147

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***
The number of shares of stock is: 100

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: Yusbany Herrera Hernandez. P
Address: 8152 NW 12th PL
MIAMI, FL 33147

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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: Yusbany Herrera Hernandez

Address: 8152 NW 12th PL

MIAMI, FL 33147

***ARTICLE VII INCORPORATOR***

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

Name: ERIK GONZALEZ

Address: 8660 W FLAGLER ST STE 207

MIAMI, FL 33144

***ARTICLE VIII EFFECTIVE DATE:***

Effective date, if other than the date of filing: 11/16/2017 (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***

_____ 11/16/2017

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.***

_____ 11/16/2017

Required Signature/Incorporator Date

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