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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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REC'D

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

From: Account Name : TRAMILEX LLC  
Account Number : I20150000086  
Phone : (786) 469-9163  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
RODRIGUEZ FUENTES CONSTRUCTION CORP

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

**COVER LETTER**

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

**SUBJECT:** RODRIGUEZ FUENTES CONSTRUCTION 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:** CARLOS R. RODRIGUEZ FUENTES  
Name (Printed or typed)

1235 NE 201st TERR  
Address

MIAMI, FL 33179  
City, State & Zip

(786) 449-9147  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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

ARTICLE I NAME RODRIGUEZ FUENTES CONSTRUCTION CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1235 NE 201st Ter SAME ADDRESS
MIAMI, FL 33179

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: CARLOS R. RODRIGUEZ FUENTES. P Name and Title:
Address 1235 NE 201st Ter Address:
MIAMI, FL 33179
Name and Title: JUAN S. RODRIGUEZ FUENTES. VP Name and Title:
Address 1235 NE 201st Ter Address:
MIAMI, FL 33179
Name and Title: Name and Title:
Address Address:

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20 APR 15 AM 8:14

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: CARLOS R. RODRIGUEZ FUENTES

Address: 1235 NE 201st TERR

MIAMI, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CARLOS R. RODRIGUEZ FUENTES

Address: 1235 NE 201st TERR

MIAMI, FL 33179

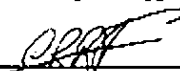
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/15/2020 (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*

 _____	04/15/2020 _____
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.*

 _____	04/15/2020 _____
Required Signature/Incorporator	Date