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5/10/21
[Signature]

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

From:
Account Name : TRAMILEX LLC
Account Number : 120150000086
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
APCG SRL CORP

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

2021 MAY -7 AM 8:42

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COVER LETTER

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

SUBJECT: APCG SRL 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:** AMNY URENA GOMEZ

Name (Printed or typed)

17335 NW 67th PL

Address

HIALEAH, FL 33015

City, State & Zip

(305)613-9842

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.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: APCG SRL CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address17335 NW 67th PLHAIALEAH, FL 33015

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**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AMNY URENA GOMEZ, P

Name and Title: _____

Address: 17335 NW 67th PL

Address: _____

HAIALEAH, FL 33015Name and Title: JUAN C FERNANDEZ MUNOZ, VP

Name and Title: _____

Address: 17335 NW 67th PL

Address: _____

HAIALEAH, FL 33015

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DANILO URENA
Address: 17335 NW 67th PL
HIALEAH, FL 33015

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Jorge L Zapata Valerio
Address: 17335 NW 67th PL
HIALEAH, FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/06/2021 (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

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

Date

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