

**L17000115336**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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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 LIMITED LIABILITY CO.  
CORPORACION 5A CA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED  
17 MAY 25 PM 2:40  
DIVISION OF CORPORATIONS

FILED  
17 MAY 25 AM 9:45  
TALLAHASSEE

417000142901 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CORPORACION 5A CA LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER RIVAS LOAIZA

Name of Person

CORPORACION 5A CA LLC

Firm/Company

8660 W FLAGLER ST STE 207

Address

MIAMI, FL 33144

City/State and Zip Code

tramilexllc@gmail.com

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

For further information concerning this matter, please call:

ALEXANDER RIVAS LOAIZA 305 848-3716  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

417000142901 3

H17000142901 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORPORACION 5A CA LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8660 W FLAGLER ST STE 207  
MIAMI, FL 33144

Mailing Address:

SAME ADDRESS

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TRAMLEX LLC

Name

8660 W FLAGLER ST STE 207

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

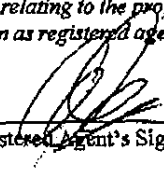
33144

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H17000142901 3

H17000142901 3

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

ALEXANDER RIVAS LOA

8660 W FLAGLER ST STE 207

MIAMI, FL 33144

AMBR

ASTRIK N. RODRIGUEZ RINCON

8660 W FLAGLER ST STE 207

MIAMI, FL 33144

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/25/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

**ARTICLE VI:** Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any 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.

ALEXANDER RIVAS LOAIZA

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H17000142901 3