

P14 000073838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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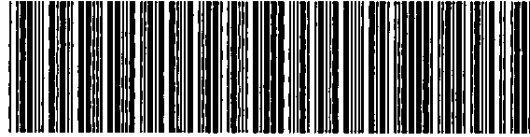
(Business Entity Name)

(Document Number)

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14 AUG 29 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FL 32399

W14-48773

COVER LETTER

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

SUBJECT: **Tropical Lift Parts, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Karol Ramos**
Name (Printed or typed)
1400 NW 13 Street #33
Address
Boca Raton, Florida 33486
City, State & Zip
561-929-0687
Daytime Telephone number
kramos@tropicallift.com
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

The name of the corporation shall be: Tropical Lift Parts, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15476 NW 77 Court #271

Miami Lakes, FL 33016

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: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karol Ramos President

Name and Title: Javier E. Ramos/ Vice President

Address 1400 NW 13th St. #33

Address: 1400 NW 13th St. #33

Boca Raton, FL 33486

Boca Raton, FL 33486

Name and Title: Ruth M. Martinez/ Secretary

Name and Title: _____

Address 15476 NW 77 Court #271

Address: _____

Miami Lakes, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: Karol Ramos

Address: 1400 NW 13th St. #33

Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

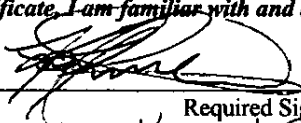
The name and address of the Incorporator is:

Name: Karol Ramos

Address: 1400 NW 13th St. #33

Boca Raton, FL 33486

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



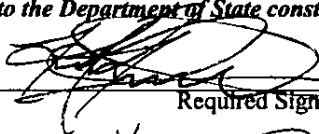
Required Signature/Registered Agent

Karol Ramos

08/26/14

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

Karol Ramos

08/26/14

Date

14 AUG 29 AM 8:32
STATE OF FLORIDA
TALLAHASSEE