

P 160000548

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  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
ARHD CORP

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

EFFECTIVE DATE

1-15-16

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**COVER LETTER**

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

**SUBJECT:** ARHD 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:** ANDRES R. HERRERA DELGADO

Name (Printed or typed)

10370 SW 4th ST

Address

MIAMI, FL 33174

City, State & Zip

(786)612-2055

Daytime Telephone number

andreshd1@hotmail.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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EFFECTIVE DATE 1-15/16

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: ARHD CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

10370 SW 4th ST

MIAMI, FL 33174

STATE OF FLORIDA

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: ANDRES R. HERRERA DELGADO. PR

Name and Title: \_\_\_\_\_

Address 10370 SW 4th ST

Address: \_\_\_\_\_

MIAMI, FL 33174

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: ANDRES R. HERRERA DELGADO

Address: 10370 SW 4th ST

MIAMI, FL 33174

**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: 01/15/2016 (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*

Andres R. Herrera Delgado 01/15/2016

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.*

[Signature] 01/15/2016

Required Signature/Incorporator Date

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