

Division of Corporations

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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: _____

16 JUN -3 AM 9:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAIL ROOM

FLORIDA PROFIT/NON PROFIT CORPORATION
ALENA SANTANA P.A.

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

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SECRETARY OF STATE
MAIL ROOM
TALLAHASSEE, FLORIDA

JUN 06 2016

T. SCOTT

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COVER LETTER

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

SUBJECT: ALENA SANTANA P.A.

(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: ALENA SANTANA OTERO

Name (Printed or typed)

16140 SW 60 ST

Address

MIAMI, FL 33193

City, State & Zip

(786)212-4386

Daytime Telephone number

alenasantanaotero@gmail.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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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ALENA SANTANA P.A**ARTICLE II PRINCIPAL OFFICE**Principal street address
16140 SW 60 STMIAMI, FL 33193Mailing address, if different is:
SAME ADDRESS**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATES SALES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALENA SANTANA OTERO. PDAddress: 16140 SW 60 STMiami, FL 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

16 JUN - 3 AM 9:06
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

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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: ALENA SANTANA OTERO
Address: 16140 SW 60 ST
MIAMI, FL 33193

ARTICLE VII INCORPORATORThe 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: 06/01/2016. (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

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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