

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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SPADE SOLUTIONS INC.**

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

SEP 21 2016

S. GILBERT

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## COVER LETTER

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

SUBJECT: SPADE SOLUTIONS 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  
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: EDUARDO F. CATALA

Name (Printed or typed)

6870 W 3rd AVE

Address

HIALEAH, FL 33014

City, State &amp; Zip

(786)537-5662

Daytime Telephone number

edcatala@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) **SEP 20 AM 11:42****ARTICLE I NAME**The name of the corporation shall be: SPADE SOLUTIONS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address6870 W 3rd AVEHIALEAH, FL 33014

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: EDUARDO F CATALA. PRESIDENT

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

Address 6870 W 3rd AVE

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

HIALEAH, FL 33014

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: EDUARDO F. CATALA  
Address: 6870 W 3rd AVE  
HIALEAH, FL 33014

**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: 09/20/2016 (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

09/20/2016  
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

09/20/2016  
Date

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