

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (950) 617-6381

From: Account Name : TRAMILEX LLC
 Account Number : T20150000086
 Phone : (786) 469-9163
 Fax Number : (305) 848-3716

SECRETARY OF STATE
 TALAHASSEE, FLORIDA

2018 MAY 22 AM 8:33

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****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
AUTOMOTRIZ DE OCCIDENTE CA INC

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

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2018 MAY 22 PM 3:49

REGISTRATION
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

MAY 23 2018

K. Brumbley

5/22/2018, 3:37 PM

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COVER LETTER

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

SUBJECT: AUTOMOTRIZ DE OCCIDENTE CA 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: ALEXANDER RIVAS LOAIZA

Name (Printed or typed)

8660 W FLAGLER ST STE 207

Address

MIAMI, FL 33144

City, State & Zip

(305)848-3716

Daytime Telephone number

gerencia.autoca@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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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: AUTOMOTRIZ DE OCCIDENTE CA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8660 W FLAGLER ST STE 207

MIAMI, FL 33144

Mailing address, if different is:

SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

2014 MAY 22 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER RIVAS LOAIZA. P

Address: 8660 W FLAGLER ST STE 207

MIAMI, FL 33144

Name and Title:

Address:

Name and Title: ASTRIK N. RODRIGUEZ RINCON. VP

Address: 8660 W FLAGLER ST STE 207

MIAMI, FL 33144

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: ALEXANDER RIVAS LOAIZA
Address: 8660 W FLAGLER ST STE 207
MIAMI, FL 33144

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: 05/22/2018 (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
05/22/2018
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
05/22/2018
Date

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