

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# P18000047205

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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

2018 MAY 23 AM 8:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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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 MELINVER CORP

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

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 DIVISION OF CORPORATIONS  
 COMMERCIAL  
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MAY 24 2018

K. Brumbley

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**COVER LETTER**

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

SUBJECT: MELINVER 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: HERNAN D MELGUIZO VELEZ

Name (Printed or typed)

12440 SW 143RD LANE

Address

MIAMI, FL 33186

City, State & Zip

(954)445-0731

Daytime Telephone number

hernan.melguizo@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 NAME**  
The name of the corporation shall be: MELINVER CORP

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
12440 SW 143RD LANE  
MIAMI, FL 33186

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: HERNAN D MELGUIZO VELEZ. P

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

Address: 12440 SW 143RD LANE  
MIAMI, FL 33186

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

Name and Title: PAULA A OSORIO MUNOZ. VP

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

Address: 12440 SW 143RD LANE  
MIAMI, FL 33186

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

Name and Title: JAIME A BERNAT. S

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

Address: 12440 SW 143RD LANE  
MIAMI, FL 33186

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

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TALLAHASSEE, FLORIDA

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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: JOSE L HERRERA  
Address: 12440 SW 143RD LANE  
MIAMI, FL 33186

**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: 05/23/2018 (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  
05/23/2018  
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  
05/23/2018  
Date

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