

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

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 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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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

herman.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 MELINVER CORP
The name of the corporation shall be: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERNAN D MELGUIZO VELEZ. P Name and Title: _____
Address: 12440 SW 143RD LANE Address: _____
MIAMI, FL 33186

Name and Title: PAULA A OSORIO MUNOZ. VP Name and Title: _____
Address: 12440 SW 143RD LANE Address: _____
MIAMI, FL 33186

Name and Title: JAIME A BERNAT. S Name and Title: _____
Address: 12440 SW 143RD LANE Address: _____
MIAMI, FL 33186

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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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