

**P18000074188**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000255162 3)))



H180002551623ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : TRAMILEX LLC  
Account Number : 120150000086  
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**  
**Casals Trucking Inc.**

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

2018 AUG 30 PM 4: 27

2018 AUG 30 PM 4: 18  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

Electronic Filing Menu

Corporate Filing Menu

Help

418000255162 3

## COVER LETTER

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

**SUBJECT:** Casals Trucking 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Diolkis Matos Casals

Name (Printed or typed)

6142 N State Rd Apt 204

Address

Coconut Creek, FL 33073

City, State & Zip

(786)413-7512

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

418000255162 3

418000255162 3

**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: Casals Trucking Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6142 N State Rd Apt 204

Coconut Cr, Fl 33073

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: Diolkis Matos Casals. P

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

Address 6142 N State Rd Apt 204

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

Coconut Cr, Fl 33073

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

418000255162 3

418000255162 3

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: Diolkis Matos Casals  
Address: 6142 N State Rd Apt 204  
Cocomut Cr, FI 33073

**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: 08/30/2018 (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

08/30/2018

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

08/30/2018

Date

418000255162 3