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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (950) 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**  
**ZAFRAM ALVAREZ P.A.**

Certificate of Status	0
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Page Count	01
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** ZAFRAM ALVAREZ P.A.

(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:** ZAFRAM ALVAREZ

\_\_\_\_\_  
Name (Printed or typed)

888 S DOUGLAS RD APT 601

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City, State & Zip

(305)803-8686

\_\_\_\_\_  
Daytime Telephone number

zaframahvarez@yahoo.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: ZAFRAM ALVAREZ P.A

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

888 S DOUGLAS RD APT 601

CORAL GABLES, FL 33134

Mailing address, if different is:

SAME ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATES SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ZAFRAM ALVAREZ P

Address: 888 S DOUGLAS RD APT 601

CORAL GABLES, FL 33134

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

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

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

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

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

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

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

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

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

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: ZAFRAM ALVAREZ  
Address: 888 S DOUGLAS RD APT 601  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERIK GONZALEZ  
Address: 8660 W FLAGLER ST STE 207  
MIAMI, FL 33144

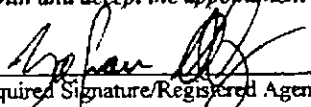
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/25/2019 (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

02/25/2019

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

02/25/2019

Date

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STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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