

P19000090495 22736

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.

((H19000090495 3)))



H190000904953ABC4

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 : 1201500C0086
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.

9416 KRY 81 MARCH 2019

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACM PROFESSIONAL SERVICES INC**

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

B 3/19/19

14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Electronic Filing Menu

Corporate Filing Menu

Help

4190000 90995 3

COVER LETTER

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

SUBJECT: ACM PROFESSIONAL SERVICES 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 & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Alegna Cambra
Name (Printed or typed)

4147 W 8th Ave

Address

Hialeah, FL 33012

City, State & Zip

(786)266-8592

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.

4190000 90995 3

H1900090995 3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

ACM PROFESSIONAL SERVICES INC

ARTICLE II. PRINCIPAL OFFICE

Principal street address
4147 W 8th Ave
Hialeah, Fl 33012

Mailing address, if different is:
SAME ADDRESS

ARTICLE III. PURPOSE

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alegna Cambra, P Name and Title: _____

4147 W 8th Ave

Address: Hialeah, FL 33012

Name and Title: _____

Address: _____

41900090495 3

41900090995 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: Alegna Cambra

Address: 4147 W 8th Ave

Hialeah, FL 33012

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: 03/18/2019 (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

Alegna Cambra 03/18/2019

Required Signature/Registered Agent 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.

John S. G. 03/18/2019

Required Signature/Incorporator Date

41900090995 3