

**P190000049933**

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : TRAMILEX LLC  
Account Number : 120150000086  
Phone : (786) 469-9163  
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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.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
AGENCIA DE VIAJES TURISMUNDO CORP**

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

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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: AGENCIA DE VIAJES TURISMUNDO CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15551 LAKESIDE DR APT 7202

MIAMI, FL 33178

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: FRED K LEON. P

Address: 15551 LAKESIDE DR APT 7202

MIAMI, FL 33178

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

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

Name and Title: CLEDIA M. LEON GONZALEZ. VP

Address: 15551 LAKESIDE DR APT 7202

MIAMI, FL 33178

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

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

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

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

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

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

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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: FRED K LEON  
Address: 15551 LAKESIDE DR APT 7202  
MIAMI, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRED K LEON  
Address: 15551 LAKESIDE DR APT 7202  
MIAMI, FL 33178

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/20/2019. (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 06/20/2019  
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 06/20/2019  
Date

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