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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

****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
LANDSCAPING SUAREZ CORP**

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

2:15 PM 22 JUL 2019

19 JUL 22 PM 1:12
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: LANDSCAPING SUAREZ 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: YOERMES SUAREZ GARCIA
Name (Printed or typed)
19800 SW 180 AVE LOT 392
Address
MIAMI, FL 33187
City, State & Zip
(786) 283-3224
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.

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

ARTICLE I NAME LANDSCAPING SUAREZ CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 19800 SW 180 AVE LOT 392
MIAMI, FL 33187
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 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOERMES SUAREZ GARCIA. P Name and Title: _____
Address: 19800 SW 180 AVE LOT 392 Address: _____
MIAMI, FL 33187

Name and Title: XIOMARA ESTRADA GONZALEZ. VP Name and Title: _____
Address: 19800 SW 180 AVE LOT 392 Address: _____
MIAMI, FL 33187

Name and Title: _____ Name and Title: _____
Address: _____ 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: YOERMES SUAREZ GARCIA
 Address: 19800 SW 180 AVE LOT 392
MIAMI, FL 33187

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOERMES SUAREZ GARCIA
 Address: 19800 SW 180 AVE LOT 392
MIAMI, FL 33187

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/17/2019 (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 07/17/2019
 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 07/17/2019
 Date

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