

P190000078505

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  
PHYSICIANS REIMBURSEMENT SERVICES INC**

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

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## COVER LETTER

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

SUBJECT: Physicians Reimbursement 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Yuniesky Alonso Rodriguez  
Name (Printed or typed)

9822 NW 65th PL  
Address

Tamarac, FL 33321  
City, State & Zip

(786)521-5058  
Daytime Telephone number

yunieskyalonso@gmail.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: Physicians Reimbursement Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9822 NW 65th PL

SAME ADDRESS

Tamarac, Fl 33321

**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: Yuniesky Alonso Rodriguez . P

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

Address 9822 NW 65th PL

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

Tamarac, Fl 33321

Name and Title: Karen Perez. VP

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

Address 9822 NW 65th PL

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

Tamarac, Fl 33321

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: Yuniesky Alonso Rodriguez  
Address: 9822 NW 65th PL  
Tamarac, FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yuniesky Alonso Rodriguez  
Address: 9822 NW 65th PL  
Tamarac, FL 33321

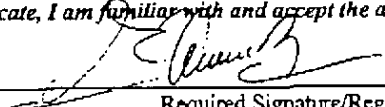
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/18/2019 (OPTIONAL)

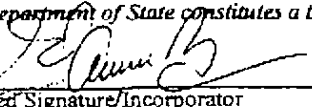
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 10/18/2019  
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.*

 10/18/2019  
Required Signature/Incorporator Date

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