

P19000091189

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.

(((H19000357572 3)))



H190003575723ABC6

**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 : I20150000086  
Phone : (786)469-9163  
Fax Number : (305)849-3716

RECEIVED  
DIVISION OF CORPORATIONS  
11/11/2019 11:52 AM

2019 DEC 11 AM 11:52

FILED

**\*\*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  
NORIEL GONZALEZ EXPOSITO P.A

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

2019 DEC 11 PM 2:03

H19000357572 3

### COVER LETTER

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

**SUBJECT:** NORIEL GONZALEZ EXPOSITO 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  
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:** NORIEL GONZALEZ EXPOSITO

Name (Printed or typed)

1471 SE 24TH AVE

Address

HOMESTEAD, FL 33035

City, State & Zip

(786) 562-4090

Daytime Telephone number

realtor@norielgonzalez.com

E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

H1900035772 3

FILED  
2019 DEC 11 AM 11:52

419000357572 3

**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: NORIEL GONZALEZ EXPOSITO P.A

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1471 SE 24TH AVE

HOMESTEAD, FL 33035

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: NORIEL GONZALEZ EXPOSITO, P

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

Address 1471 SE 24TH AVE

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

HOMESTEAD, FL 33035

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2019 DEC 11 AM 11:52  
CLERK OF DISTRICT COURT  
FALLS BURGESS, FL

419000357572 3

419000357572 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: NORIEL GONZALEZ EXPOSITO  
Address: 1471 SE 24TH AVE  
HOMESTEAD, FL 33035

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NORIEL GONZALEZ EXPOSITO  
Address: 1471 SE 24TH AVE  
HOMESTEAD, FL 33035

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2020 (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

12/11/2019

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

12/11/2019

Date

419000357572 3

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 11 AM 11:52

FILED