

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.

((H20000000927 3)))



H200000009273ABCU

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) 848-3716

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
INTI E NORIEGA MORAL P.A

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

RECEIVED

2020 JAN 16 PM 4:08

DIVISION OF CORPORATIONS
 ELECTRONIC FILING
 COMMERCIAL SERVICES

SECRETARY OF STATE
 TALLAHASSEE, FL

2020 JAN 16 AM 11:29

FILED

420000009273

COVER LETTER

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

SUBJECT: INTIE NORIEGA MORAL 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: INTIE NORIEGA MORAL
Name (Printed or typed)
8205 SW 152ND AVE APT F408
Address
MIAMI, FL 33193
City, State & Zip
(305)992-8967
Daytime Telephone number
internm@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 16 AM 11:29

FILED

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

620000009273

420000000927 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: INTI E NORIEGA MORAL P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8205 SW 152ND AVE APT F408

MIAMI, FL 33193

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: INTI E NORIEGA MORAL. P

Name and Title: _____

Address 8205 SW 152ND AVE APT F408

Address: _____

MIAMI, FL 33193

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

420000000927 3

420000000927 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: INTI E NORIEGA MORAL
Address: 8205 SW 152ND AVE APT F408
MIAMI, FL 33193 MIAMI, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INTI E NORIEGA MORAL
Address: 8205 SW 152ND AVE APT F408
MIAMI, FL 33193

FILED
2020 JAN 16 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/16/2020 (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
01/16/2020
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
01/16/2020
Date

420000000927 3