

**P200000008463124**

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 : 120150000086  
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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**  
**KARINA GONZALEZ PRATS P.A**

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

**JAN 17 2020**

**T. SCOTT**

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## COVER LETTER

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

**SUBJECT:** KARINA GONZALEZ PRATS 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:** KARINA GONZALEZ PRATS

\_\_\_\_\_  
Name (Printed or typed)

2762 NE 208 ST

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City, State & Zip

(754)217-8251

\_\_\_\_\_  
Daytime Telephone number

kgonzalezprats81@yahoo.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: KARINA GONZALEZ PRATS P.A

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2762 NE 208 ST

AVENTURA, FL 33180

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: KARINA GONZALEZ PRATS. P

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

Address 2762 NE 208 ST

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

AVENTURA, FL 33180

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

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

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

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

2020 JAN 16 PM 12:22

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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: KARINA GONZALEZ PRATS  
Address: 2762 NE 208 ST  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KARINA GONZALEZ PRATS  
Address: 2762 NE 208 ST  
AVENTURA, FL 33180

**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

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