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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Willie Auto Electrical Mechanic Inc

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

JAN 21 2020

T. SCOTT

H20000019427 3

COVER LETTER

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

SUBJECT: Willie Auto Electrical Mechanic 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 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: Willys L. Yorro
Name (Printed or typed)

20212 NW 42nd CT
Address

Miami Gardens, Fl 33055
City, State & Zip

(305) 834-5327
Daytime Telephone number

yorrowilly@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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1420000019427 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: Willie Auto Electrical Mechanic Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
20212 NW 42nd CT

Miami Gardens, Fl 33055

Mailing address, if different is:

SAME

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: Willys L. Yorro. P

Address: 20212 NW 42nd CT
Miami Gardens, Fl 33055

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Willys L. Yorro

Address: 20212 NW 42nd CT
Miami Gardens, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Willys L. Yorro

Address: 20212 NW 42nd CT
Miami Gardens, FL 33055


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/17/2020 (OPTIONAL)

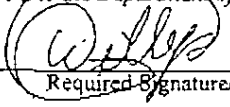
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

	_____	<u>01/17/2020</u>
	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.

	_____	<u>01/17/2020</u>
	Required Signature/Incorporator	Date

420000019427 3