

P200000439063
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000043906 3)))



H200000439063ABCY

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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 annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2020 FEB - 7 AM 8:36

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FLORIDA PROFIT/NON PROFIT CORPORATION
PEDRO A PEREZ CORP

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: PEDRO A PEREZ CORP
(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: PEDRO A PEREZ
Name (Printed or typed)
11348 NW 2ND TER
Address
MIAMI, FL 33172
City, State & Zip
(786) 763-5288
Daytime Telephone number
perez_30541@yahoo.com
E-mail address: (to be used for future annual report notification)

2020 FEB - 7 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FL

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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: PEDRO A PEREZ CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
11348 NW 2ND TER
MIAMI, FL 33172

Mailing address, if different is:
SAME ADDRESS

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: PEDRO A PEREZ. P Name and Title: _____

Address: 11348 NW 2ND TER Address: _____
MIAMI, FL 33172

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ALLAHUSSE. FL

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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: PEDRO A PEREZ
 Address: 11348 NW 2ND TER
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO A PEREZ
 Address: 11348 NW 2ND TER
MIAMI, FL 33172

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 TALLAHASSEE, FL

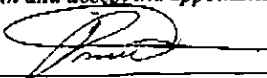
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/06/2020 (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.

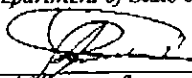
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

02/06/2020
 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

02/06/2020
 Date

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