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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : TRAMILEX LLC
Account Number : 120150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

2020 APR 24 PM 12: 04

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
ALFONSO MOVER CORP

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

SECTION OF STATE
TALLAHASSEE, FL

2020 APR 24 PM 12: 00

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COVER LETTER

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

SUBJECT: ALFONSO MOYER 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: RICHARD RUIZ ALFONSO
Name (Printed or typed)
961 SW 58 AVE
Address
MIAMI, FL 33144
City, State & Zip
(786) 493-0812
Daytime Telephone number
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: ALFONSO MOVER CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

961 SW 58 AVE

MIAMI, FL 33144

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: RICHARD RUIZ ALFONSO. P

Address: 961 SW 58 AVE

MIAMI, FL 33144

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: RICHARD RUIZ ALFONSO
 Address: 961 SW 58 AVE
MIAMI, FL 33144

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 TALLAHASSEE, FL
 2020 APR 24 PM 12:00

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICHARD RUIZ ALFONSO
 Address: 961 SW 58 AVE
MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/23/2020 (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

RRL _____ 04/23/2020
 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.

RRL _____ 04/23/2020
 Required Signature/Incorporator Date

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