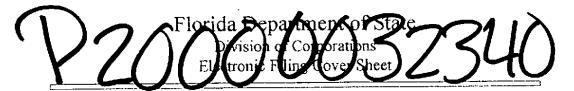
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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.

(((H20000125744 3)))



H200001257443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

		Division of Co			
		Fax Number	:	(850) 617-6381	
	From:				
		Account Name	:	TRAMILEX LLC	
<u> </u>		Account, Number	· :	120150000086	
≘≝≝ĕ		Phone	:	(786) 469-9163	
: : :		Fax Number	;	(305)848-3716	
(I. *					
*Enter	the emai	l address for	thi	s business entity	to be used for f
anr	ual rep	ert mailings. F	nte	er only one email	address plcasc.**
Ema	il Addr	<b>952</b> :			

# FLORIDA PROFIT/NON PROFIT CORPORATION NO CAP DISTRIBUTORS CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

### 2020-04-29 19:02:32 (GMT) (4)00001)57443

#### **COVER LETTER**

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

SUBJECT: NO CA	AP DISTRIBUTORS CORP		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Filing Fee,
		ADDITIONAL CO	PY REQUIRED
FROM:	istian M Anias Gomez Name	c (Printed or typed)	<u>.</u>
54:	50 E 3rd Ave		
		Address	
HI	ALEAH, FL 33013		
	City,	State & Zip	
(30	5)889-9558		
	Daytine T	elephone number	
	E-mail address: (to be use	d for future annual report n	otification)

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

## HD0000DS149 3

#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE 1 NAME  ume of the corporation shall b	k:		
CLE II PRINCIPAL OF		Mailing address, i SAME	f different is:
.EAH, FL 33013			
		AND ALL LAWFUL BUSINESS	
umber of shares of stock is:	. <u> </u>		
umber of shares of stock is: 10  CLE V INITIAL OFFICE	ERS AND/OR DIRECTORS		
umber of shares of stock is: 10  CLE V INITIAL OFFICE	ERS AND/OR DIRECTORS M Anias Gomez. P	Name and Title:	
CLE V INITIAL OFFICE  Name and Title: Cristian N  Address 5450 E 3r	ERS AND/OR DIRECTORS M Anias Gomez. P	Name and Title:Address:	
CLE V INITIAL OFFICE  Name and Title:  Cristian N  Address  HIALEAL	ERS AND/OR DIRECTORS M Anias Gomez. P rd Ave H, FL 33013	Name and Title:Address:	
CLE V INITIAL OFFICE  Name and Title:  Cristian N  Address  HIALEAI	ERS AND/OR DIRECTORS M Anias Gomez. P rd Ave H, FL 33013	Name and Title:Address:	
CLE V INITIAL OFFICE  Name and Title:  Address  Name and Title:  Name and Title:  Address	ERS AND/OR DIRECTORS M Anias Gomez. P rd Ave H, FL 33013	Name and Title:  Address:  Name and Title:	
CLE V INITIAL OFFICE  Name and Title:  Address  Name and Title:  Name and Title:  Address	ERS AND/OR DIRECTORS M Anias Gomez. P rd Ave H, FL 33013	Name and Title:Address:	
CLE V INITIAL OFFICE  Name and Title:  Address  Name and Title:  Name and Title:  Address	ERS AND/OR DIRECTORS M Anias Gomez. P rd Ave H, FL 33013	Name and Title:Address:	
Name and Title:  Name and Title:  Address  Name and Title:  Address  Address	ERS AND/OR DIRECTORS M Anias Gomez, P rd Ave H, FL 33013	Name and Title:Address:	
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:	ERS AND/OR DIRECTORS M Anias Gomez, P rd Ave H, FL 33013	Name and Title:  Address:  Name and Title:  Address:	
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:	ERS AND/OR DIRECTORS M Anias Gomez. P rd Ave H, FL 33013	Name and Title:  Address:  Name and Title:  Address:	

## H20000125744 3

Name 8	and Title:	Name and Title:	
Addre	83	Address;	····
	REGISTERED AGENT		7, 2
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	956
Name:	Cristian M Anias Gomez		2020 AFR
Address:	5450 E 3rd Ave	<del></del>	SS ~ 20 T
	HIALEAH, FL 33013	<del></del>	PO I
ARTICLE VII	INCORPORATOR		10: 2 (8)
The name and a	address of the Incorporator is:		$\mathcal{C}$
Name:	Cristian M Anias Gomez		
Address:	5450 E 3rd Ave	<del>-</del>	· .
	HIALEAH, FL 33013	·	
Effective date, i (If an effective days after the f	•••		
the document's	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date	will not be listed as
Having been na this certificate, l	uned us registered agent to accept service of process am familiar with and accept the appointment as re	s for the above stated corporation at the gistered agent and agree to act in this ca	place designated in pacity
	016	04/29/2	020
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false inform.  y as provided for in s.817.155. F.S.	ation submitted in a
	61G.	04/29/3	2020
Requ	ured Signature/Incorporator		Date