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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 : I20150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

2020 APR 29 PM 3:49

****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
NO CAP DISTRIBUTORS CORP**

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

2020 APR 29 PM 12:23

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COVER LETTER

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

SUBJECT: NO CAP DISTRIBUTORS 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:** Cristian M Anias Gomez

Name (Printed or typed)

5450 E 3rd Ave

Address

HIALEAH, FL 33013

City, State & Zip

(305)889-9558

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: NO CAP DISTRIBUTORS CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

5450 E 3rd Ave

HIALEAH, FL 33013

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: Cristian M Anias Gomez, P

Name and Title: _____

Address

5450 E 3rd Ave

Address: _____

HIALEAH, FL 33013

Name and Title: _____ Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____

Address

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

Name: Cristian M Anias Gomez

Address: 5450 E 3rd Ave
HIALEAH, FL 33013

FILED
2020 APR 29 PM 12:23
FALLMASSSEE, MA 01864

Name: Cristian M Anias Gomez

Address: 5450 E 3rd Ave
HIALEAH, FL 33013

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