

Division of Corporations

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

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(((H20000132175 3)))



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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 future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**OLIVA'S BARBERSHOP INC**

Certificate of Status	0
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Estimated Charge	\$70.00

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*JK*  
*5/6/2020*

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**COVER LETTER**

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

**SUBJECT:** OLIVA'S BARBERSHOP 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:** ANTHONY OLIVA  
Name (Printed or typed)  
23718 SW 121 AVE  
Address  
HOMESTEAD, FL 33032  
City, State & Zip  
(786)208-9311  
Daytime Telephone number  
tonyoliva89@yahoo.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

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FILED

**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: OLIVA'S BARBERSHOP INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

23718 SW 121 AVE

HOMESTEAD, FL 33032

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: ANTHONY OLIVA, P

Name and Title: \_\_\_\_\_

Address: 23718 SW 121 AVE

Address: \_\_\_\_\_

HOMESTEAD, FL 33032

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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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: ANTHONY OLIVA  
 Address: 23718 SW 121 AVE  
 HOMESTEAD, FL 33032

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ANTHONY OLIVA  
 Address: 23718 SW 121 AVE  
 HOMESTEAD, FL 33032

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/05/2020 (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>AO</u>	05/05/2020
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.*

<u>AO</u>	05/05/2020
Required Signature/Incorporator	Date

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