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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 : 120150000086
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
CUSTOM PAINTING OF SOUTH FLORIDA CORP**

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

MAY 21 2020

T. SCOTT

2020 MAY 20 PM 4:32

2020 MAY 20 AM 10:24

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CUSTOM PAINTING OF SOUTH FLORIDA 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: 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)

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: CUSTOM PAINTING OF SOUTH FLORIDA CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

639 SW 3th TER

HOMESTEADM, FL 33034

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: GRETTEL SERPA JARDINES, P

Address: 639 SW 3th TER

HOMESTEADM, FL 33034

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2020 MAY 20 AM 10:24
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TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GRETTEL SERPA JARDINES

Address: 639 SW 3th TER

HOMESTEADM, FL 33034

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GRETTEL SERPA JARDINES

Address: 639 SW 3th TER

HOMESTEADM, FL 33034

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/19/2020 (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.

G.S.J 05/19/2020

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.

G.S.J 05/19/2020

Required Signature/Incorporator Date

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