

**P2000046449**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000207332 3)))



H200002073323ABCT

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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

FILED  
2020 JUL -2 PM 1:22  
CLERK OF STATE  
TAMPA, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

2020 JUL -2 PM 1:09

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RUNJABEL CARS CORP**

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

JUL 06 2020

T. SCOTT

1120000207332 3  
**COVER LETTER**

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

**SUBJECT:** RUNJABEL CARS 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:** RUBEN J. SANCHEZ PINEDA

Name (Printed or typed)

8145 NW 7th ST APT 122

Address

MIAMI, FL 33126

City, State & Zip

(786) 203-0263

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.

1120000207332 3

410000207332 3

**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: RUNJABEL CARS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address8145 NW 7th ST APT 122MIAMI, FL 33126

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: RUBEN J. SANCHEZ PINEDA, PAddress: 8145 NW 7th ST APT 122MIAMI, FL 33126

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

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

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

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

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

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

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

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

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

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

FILED  
2020 JUL 12 PM 1:22  
STATE  
OF FLORIDA

410000207332 3

2020-07-02 16:33:07 (GMT)  
H20000704332 3

13054022854 From: Erik Gonzalez

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| 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: RUBEN J. SANCHEZ PINEDA  
Address: 8145 NW 7th ST APT 122  
MIAMI, FL 33126

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

Name: RUBEN J. SANCHEZ PINEDA  
Address: 8145 NW 7th ST APT 122  
MIAMI, FL 33126

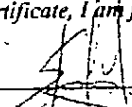
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/02/2020 (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*

|                                                                                     |                                     |            |
|-------------------------------------------------------------------------------------|-------------------------------------|------------|
|  | _____                               | 07/02/2020 |
|                                                                                     | 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.*

|                                                                                     |                                 |            |
|-------------------------------------------------------------------------------------|---------------------------------|------------|
|  | _____                           | 07/02/2020 |
|                                                                                     | Required Signature/Incorporator | Date       |

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**P200002074813**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000207481 3)))



H200002074813ABCY

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
ISABELA'S LATIN FOOD CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

JUL 06 2020

T. SCOTT

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ISABELA'S LATIN FOOD CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1742 NW 1ST PLACE MIAMI FL 33136**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Adilia Galindo Mejia (P)STATE  
OF  
FLORIDA

2020 JUL -2 PM 1:45

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

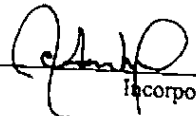
Adilia Galindo Mejia1742 NW 1ST PLACE MIAMI FL 33136**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Adilia Galindo Mejia1742 NW 1ST PLACE MIAMI FL 33136

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent07/02/20  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator07/02/20  
\_\_\_\_\_  
Date