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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

\*\*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  
ALL IN OUTDOOR SOLUTIONS CORP

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

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FLORIDA DEPARTMENT OF STATE  
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COMMERCIAL SERVICES

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**COVER LETTER**

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

**SUBJECT:** ALL IN OUTDOOR SOLUTIONS 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:** RONELL FIGUEREDO

Name (Printed or typed)

22853 SW 117 CT

Address

Miami, FL 33170

City, State & Zip

(786) 359-6121

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** ALL IN OUTDOOR SOLUTIONS CORP

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

22853 SW 117 CT

SAME

Miami, FL 33170

**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: RONELL FIGUEROA, P

Name and Title:

Address: 22853 SW 117 CT

Address:

Miami, FL 33170

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:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

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

Name: RONELL FIGUEREDO  
Address: 22853 SW 117 CT  
Miami, FL 33170

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

Name: RONELL FIGUEREDO  
Address: 22853 SW 117 CT  
Miami, FL 33170

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 08/05/2020 (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*

RF  
Required Signature/Registered Agent

08/05/2020

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.*

RF  
Required Signature/Incorporator

08/05/2020

Date

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