

P2 000071042
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) 848-2716

****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
H OVALLES GENERAL SERVICES CORP**

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

2020 SEP 11 AM 10:58

RECEIVED
DIVISION OF CORPORATIONS

STATE
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2020 SEP 11 PM 12:07

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COVER LETTER

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

SUBJECT: H OVALLES GENERAL SERVICES 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: HUGO A OVALLES CABRERA

Name (Printed or typed)

5077 NW 7th ST APT 909 BLD 4

Address

Miami, FL 33126

City, State & Zip

(305)653-7665

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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STATE
FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: H OVALLES GENERAL SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
5077 NW 7th ST APT 909 BLD 4Miami, FL 33126

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: HUGO A OVALLES CABRERA, PAddress: 5077 NW 7th ST APT 909 BLD 4Miami, FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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FL

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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: HUGO A OVALLES CABRERA

Address: 5077 NW 7th ST APT 909 BLD 4

Miami, FL 33126

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: HUGO A OVALLES CABRERA

Address: 5077 NW 7th ST APT 909 BLD 4


Miami, FL 33126

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 09/11/2020 (OPTIONAL)

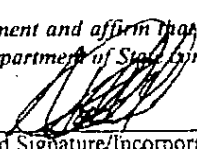
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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 my appointment as registered agent and agree to act in this capacity

	<u>09/11/2020</u>
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>09/11/2020</u>
Required Signature/Incorporator	Date

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