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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 : F20150000086  
Phone : (736) 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  
LIAM BODY SHOP CORP

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

J. FASON  
MAR 09 2021

RECEIVED  
2021 MAR -8 PM 4:20  
CORPORATIONS  
COMMERCIAL  
SERVICES  
2021 MAR -8 AM 8:58

**COVER LETTER**

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

**SUBJECT:** LIAM BODY SHOP 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:** JOSE L. SANZ

Name (Printed or typed)

8415 SW 107th AVE APT 173W

Address

MIAMI, FL 33173

City, State & Zip

(786)333-1920

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 LIAM BODY SHOP CORP

The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE

Principal street address  
8415 SW 107th AVE APT 173W  
MIAMI, FL 33173

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 100

The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE L. SANZ. P Name and Title: \_\_\_\_\_

Address 8415 SW 107th AVE APT 173W Address: \_\_\_\_\_

MIAMI, FL 33173 \_\_\_\_\_

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: JOSE L. SANZ  
 Address: 8415 SW 107th AVE APT 173W  
MIAMI, FL 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE L. SANZ  
 Address: 8415 SW 107th AVE APT 173W  
MIAMI, FL 33173

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/08/2020 (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*

Required Signature/Registered Agent

03/08/2020

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.*

Required Signature/Incorporator

03/08/2020

Date

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