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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  
VARADERO TRAVEL SARASOTA CORP

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

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## COVER LETTER

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

SUBJECT: VARADERO TRAVEL SARASOTA 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  
Status

ADDITIONAL COPY REQUIRED

FROM: MISAEL VEGA ALMAGUER

Name (Printed or typed)

1812 NW 8TH ST

Address

MIAMI, FL 33125

City, State & Zip

(786) 691-0884

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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21 JUN 15 PM 4:58

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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: VARADERO TRAVEL SARASOTA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address1812 NW 8TH STMIAMI, FL 33125

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: HECTOR L AVILA ESCOBAR. PAddress: 1812 NW 8TH STMIAMI, FL 33125

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

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

Name and Title: MISAEAL VEGA ALMAGUER. VPAddress: 1812 NW 8TH STMIAMI, FL 33125

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

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

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

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

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

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

21 JUN 15 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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H21000236042 2

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: MISAEAL VEGA ALMAGUER  
Address: 1812 NW 8TH ST  
MIAMI, FL 33125

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

Name: MISAEAL VEGA ALMAGUER  
Address: 1812 NW 8TH ST  
MIAMI, FL 33125

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TALLAHASSEE, FL 32399

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/15/2021 (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*

MVA 06/15/2021  
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.*

MVA 06/15/2021  
Required Signature/Incorporator Date

H21000236042 3