

**P22000056740338**

Florida Department of  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number.  
(shown below) on the top and bottom of all pages of the document.

((H22000056740.3)))



H220000567403ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 FEB 11 PM 12:48

FILED

**\*\*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**  
**MAYKEL RIVERA MORENO PA**

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

Electronic Filing Menu

Corporate Filing Menu

Help

422000056740 3

## COVER LETTER

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

2022 FEB 11 PM 12:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: MAYKEL RIVERA MORENO P.A.

(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: MAYKEL RIVERA MORENO

Name (Printed or typed)

5821 PALM AVE

Address

HIALEAH, FL 33012

City, State &amp; Zip

(786) 370-4447

Daytime Telephone number

maykelrealtor@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

422000056740 3

H22000056790 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: MAYKEL RIVERA MORENO P.A.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

5821 PALM AVE

HIALEAH, FL 33012

Mailing address, if different is

SAME ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATES SALES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MAYKEL RIVERA MORENO, P

Address: 5821 PALM AVE

HIALEAH, FL 33012

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2022 FEB 11 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H22000056790 3

4220000.56740 3

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| 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: MAYKEL RIVERA MORENO  
Address: 5821 PALM AVE  
HIALEAH, FL 33012

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

Name: MAYKEL RIVERA MORENO  
Address: 5821 PALM AVE  
HIALEAH, FL 33012

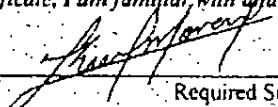
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/11/2022 (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.)

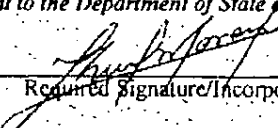
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

02/11/2022  
\_\_\_\_\_  
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

02/11/2022  
\_\_\_\_\_  
Date

4220000.56740 3

2022 FEB 11 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED