

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6331

From:

Account Name : TRAMILEX LLC
Account Number : 120150006086
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
ONTOP SOLUTIONS INC**

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

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: ONTOP SOLUTIONS INC

(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: MANUEL ROSQUETE

Name (Printed or typed)

14358 SW 175th TERR

Address

MIAMI, FL 33177

City, State & Zip

(305)607-2180

Daytime Telephone number

manuelrosquete@gmail.com

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 NAMEThe name of the corporation shall be: ONTOP SOLUTIONS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address14358 SW 175th TERRMIAMI, FL 33177

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: MANUEL ROSQUETE, PAddress: 14358 SW 175th TERRMIAMI, FL 33177

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: MANUEL ROSQUETE
Address: 14358 SW 175th TERR
MIAMI, FL 33177

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: MANUEL ROSQUETE
Address: 14358 SW 175th TERR
MIAMI, FL 33177

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 03/04/2022 (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

03/04/2022

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

03/04/2022

Date

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