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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 : 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:

2022 APR 11 PM 12:30
FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

MAYKEL GS TOWING CORP

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

HC

RECEIVED

2022 APR 11 PM 2:11

FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MAYKEL GS TOWING 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: MAYKEL GONZALEZ SANCHEZ
Name (Printed or typed)
2311 NW 10th AVE APT 203
Address
MIAMI, FL 33127
City, State & Zip
(786)380-8773
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

MAYKEL GS TOWING CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address
2311 NW 10th AVE APT 203

MIAMI, FL 33127

Mailing address, if different is:
SAME ADDRESSARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

2022 APR 11 PM 12:30
S E C U R I T Y O F S T A T E
TALLAHASSEE, FLORIDAARTICLE IV SHARES100
The number of shares of stock is:ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYKEL GONZALEZ SANCHEZ, P

Address: 2311 NW 10th AVE APT 203

MIAMI, FL 33127

Name and Title:

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: MAYKEL GONZALEZ SANCHEZ

 Address: 2311 NW 10th AVE APT 203

 MIAMI, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAYKEL GONZALEZ SANCHEZ

 Address: 2311 NW 10th AVE APT 203

 MIAMI, FL 33127

ARTICLE VIII EFFECTIVE DATE: 04/11/2022

Effective date, if other than the date of filing: _____ (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

04/11/2022

 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.

04/11/2022

 Required Signature/Incorporator_____
 Date

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2022 APR 11 PM 12:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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