

Division of Corporations

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P22000027727

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220001309223ABCV

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 Fax Number : (850)617-6381

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 Account Number : 120150000066
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TALLAHASSEE, FLORIDA

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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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RECEIVED
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CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
R&V EQUIPOS MEDICOS CORP**

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

HL

Electronic Filing Menu

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: R&V EQUIPOS MEDICOS 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: RAIMUNDO J. VALE TERAN
Name (Printed or typed)

7830 NW 172ND ST
Address

HIACLEAH, FL 33015
City, State & Zip

(305) 414-9912
Daytime Telephone number

presidencia@r-requiposmedicos.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 NAME R&V EQUIPOS MEDICOS CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
7830 NW 172ND ST
HIALEAH, FL 33015

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAIMUNDO J. VALE TERAN, P Name and Title: _____
Address: 7830 NW 172ND ST Address: _____
HIALEAH, FL 33015

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: RAIMUNDO J. VALE TERAN
 Address: 7830 NW 172ND ST
 HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAIMUNDO J. VALE TERAN
 Address: 7830 NW 172ND ST
 HIALEAH, FL 33015

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/11/2022 (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 (a) naming with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent 04/11/2022
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 04/11/2022
Date

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