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To:

Division of Corporations
Fax Number: (850)617-6381

From:

Account Name: TRAMILEX LLC
Account Number: I20150000086
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 VALECARS MIAMI CORP

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

RECEIVED
2022 APR 26 PM 2:35
DIVISION OF CORPORATIONS
AND COMMERCIAL
REGISTRATION SERVICES

FILED
22 APR 26 PM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
S. CHATHAM
APR 27 2022

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COVER LETTER

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

SUBJECT: VALECARS MIAMI 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

HIALEAH, FL 33015

City, State & Zip

(305) 414-9912

Daytime Telephone number

valecarsmiami@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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TALLAHASSEE, FL 32314

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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: VALECARS MIAMI CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

7830 NW 172ND ST

HIALEAH, FL 33015

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: RAIMUNDO J. VALE TERAN, P

Address: 7830 NW 172ND ST

HIALEAH, FL 33015

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL 32399

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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: RAIMUNDO J. VALE TERAN

Address: 7830 NW 172ND ST

HIALEAH, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RAIMUNDO J. VALE TERAN

Address: 7830 NW 172ND ST

HIALEAH, FL 33015

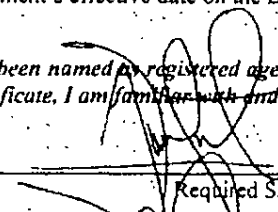
ARTICLE VIII EFFECTIVE DATE: 04/26/2022

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

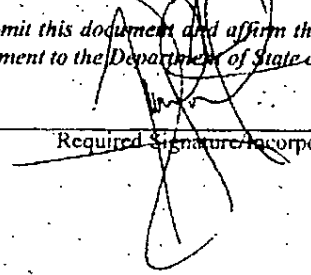
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

	<u>04/26/2022</u>
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.

	<u>04/26/2022</u>
Required Signature/Incorporator	Date

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