

P22 Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet 000070409

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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
LACHY CONSTRUCTIONS CORP

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

2022 SEP 12 AM 8:23

2022 SEP 12 AM 5:05

LED

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COVER LETTER

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

SUBJECT: LACHY CONSTRUCTIONS 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: LAZARO VIZQUERRA ARAGON

Name (Printed or typed)

95 E 40th ST

Address

HALEAH, FL 33013

City, State & Zip

(786)334-9039

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 NAMEThe name of the corporation shall be: LACHY CONSTRUCTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address95 E 40th STHALEAH, FL 33013

Mailing address, if different is:

SAME**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: LAZARO VIZQUERRA ARAGON, P

Name and Title: _____

Address

95 E 40th ST

Address: _____

HALEAH, FL 33013

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAZARO VIZQUERRA ARAGON
 Address: 95 E 40th ST
 HIALEAH, FL 33013

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAZARO VIZQUERRA ARAGON
 Address: 95 E 40th ST
 HIALEAH, FL 33013

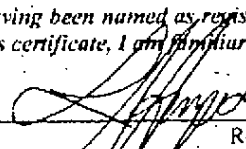
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/06/2022 (OPTIONAL)

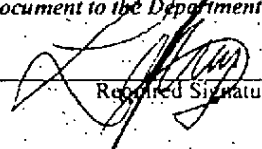
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 09/06/2022 _____
 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.

 _____ 09/06/2022 _____
 Required Signature/Incorporator Date

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