

P22000092029

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)517-6381

From: Account Name : TRAMILEX LLC
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2022 12 13 PM 12:26

FLORIDA PROFIT/NON PROFIT CORPORATION CARMEN MORALES CORP

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

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COVER LETTER

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

SUBJECT: CARMEN MORALES 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: CARMEN M. MORALES NAVARRO
Name (Printed or typed)
488 NE 18th ST UNIT 905
Address
MIAMI, FL 33132
City, State & Zip
(346)775-4965
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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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 CARMEN MORALES CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
488 NE 18th ST UNIT 905

Mailing address, if different is:
SAME ADDRESS

MIAMI, FL 33132

ARTICLE III PURPOSE

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARMEN M. MORALES NAVARRO, P

Name and Title: _____

Address 488 NE 18th ST UNIT 905

Address: _____

MIAMI, FL 33132

1000

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: CARMEN M. MORALES NAVARRO
 Address: 488 NE 18th ST UNIT 905
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARMEN M. MORALES NAVARRO
 Address: 488 NE 18th ST UNIT 905
MIAMI, FL 33132

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/12/2022 (OPTIONAL) 12
 (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.) 0

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 12/12/2022
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 12/12/2022
Date

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