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Florida Department of State
Division of Corporations
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((H230001021513)))



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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
VINTAGE CAR DETAILING SERVICES CORP

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

17 FEB 1:34

2023

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23 MAR 17 PM 12:34
SECRETARY OF STATE
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: VINTAGE CAR DETAILING SERVICES 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: EMILIA M. FERNANDEZ PADRON

Name (Printed or typed)

9240 SW 56th ST

Address

COOPER CITY, FL 33328

City, State & Zip

(786)449-7778

Daytime Telephone number

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

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 23 MAR 17 PM 12:31
 TALLAHASSEE, FLORIDA

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: VINTAGE CAR DETAILING SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address9240 SW 56th ST

Mailing address, if different is:

SAMECOOPER CITY, FL 33328**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: EMILIA M. FERNANDEZ PADRON, P

Name and Title: _____

Address

9240 SW 56th ST

Address: _____

COOPER CITY, FL 33328

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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23 MAR 17 PM 12:35
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32301

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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: EMILIA M. FERNANDEZ PADRON
 Address: 9240 SW 56th ST
 COOPER CITY, FL 33328

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EMILIA M. FERNANDEZ PADRON
 Address: 9240 SW 56th ST
 COOPER CITY, FL 33328

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03-17-2023 (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*



 Required Signature/Registered Agent

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

03/17/2023
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 23 MAR 17 PM 12:31
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 23 MAR 17 PM 12:31

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