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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
ISAAC BOFILL P.A

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

2023 MAR 17 PM 1:35

SECRETARY OF STATE
TREASURER
FLORIDA
1:23 MAR 17 PM 12:36
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COVER LETTER

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

SUBJECT: ISAAC BOFILL P.A

(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: ISAAC BOFILL

Name (Printed or typed)

6283 W 16th AVE

Address

HALEAH, FL 33012

City, State & Zip

(305)804-4499

Daytime Telephone number

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

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23 MAR 17 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

The name of the corporation shall be: ISAAC BOFILL P A

ARTICLE II PRINCIPAL OFFICE

Principal street address

6283 W 16th AVE

HALEAH, FL 33012

Mailing address, if different is:

SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATES SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISAAC BOFILL, P Name and Title:

Address: 6283 W 16th AVE Address:

HALEAH, FL 33012

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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TALLAHASSEE, FLORIDA

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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: ISAAC BOFILL
 Address: 6283 W 16th AVE
HALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISAAC BOFILL
 Address: 6283 W 16th AVE
HALEAH, FL 33012

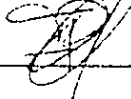
ARTICLE VIII EFFECTIVE DATE: 03/17/2023

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 signed 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

FILED
 23 MAR 17 PM 12:37
 DEPARTMENT OF STATE
 HALEAH, FLORIDA
 03/17/2023
 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

03/17/2023

 Date

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