

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
P23000022006

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((H230001108783)))



H230001108783ABC7

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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
QUEENS LIMOSINE CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

AB

H23000110878 3

COVER LETTER

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

SUBJECT: QUEENS LIMOSINE 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee, ...
& Certified Copy Certified Copy
& Certificate of & Certificate of
Status Status

ADDITIONAL COPY REQUIRED

FILED
2023 MAR 23 AM 12:11
TALLAHASSEE, FL
STATE

FROM: RAFAEL FERNANDEZ RODRIGUEZ
Name (Printed or typed)
23041 SW 107th AVE
Address
MIAMI, FL 33170
City, State & Zip
(786) 454-7053
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.

H23000110878 3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME QUEENS LIMOSINE CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 23041 SW 107th AVE
MIAMI, FL 33170
Mailing address, if different is: SAME ADDRESS

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	RAFAEL FERNANDEZ RODRIGUEZ, P	Name and Title:	
Address:	23041 SW 107th AVE MIAMI, FL 33170	Address:	

Name and Title:	SISSY L SOLER	Name and Title:	
Address:	23041 SW 107th AVE MIAMI, FL 33170	Address:	

Name and Title:		Name and Title:	
Address:		Address:	

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2023 MAR 23 AM 12:11
CLERK OF STATE
TALLAHASSEE, FL

423000110828 3

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: RAFAEL FERNANDEZ RODRIGUEZ

Address: 23041 SW 107th AVE

MIAMI, FL 33170

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL FERNANDEZ RODRIGUEZ

Address: 23041 SW 107th AVE

MIAMI, FL 33170

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2023 MAR 23 AM 12:11

DEPARTMENT OF STATE

TALLAHASSEE, FL

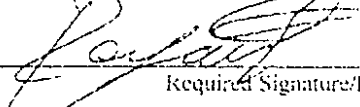
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/23/2023 (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

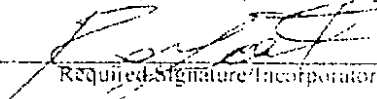


Required Signature/Registered Agent

03/23/2023

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

03/23/2023

Date