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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000131922 3)))



H230001319223ABCX

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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: _____

RECEIVED
2023 APR 10 PM 3:39

FLORIDA PROFIT/NON PROFIT CORPORATION
SC & C PAINTING SERVICE CORP

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 APR 10 PM 12:35

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COVER LETTER

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

SUBJECT: SC & C PAINTING SERVICE 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: SASONTE CASTRO

Name (Printed or typed)

9674 NW 10th AVE C322

Address

MIAMI, FL 33150

City, State & Zip

(305) 803-3318

Daytime Telephone number

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

23 APR 10 PM 12:37

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NOTE: Please provide the original and one copy of the articles.

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To:

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME SC & C PAINTING SERVICE CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9674 NW 10th AVE C322

SAME ADDRESS

MIAMI, FL 33150

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: SASONTE CASTRO, P

Name and Title:

Address 9674 NW 10th AVE C322

Address:

MIAMI, FL 33150

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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23 APR 10 PM 12:35
ALABAMA SECRETARY OF REVENUE

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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: SASONTE CASTROAddress: 9674 NW 10th AVE C322MIAMI, FL 33150ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: SASONTE CASTROAddress: 9674 NW 10th AVE C322MIAMI, FL 33150ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/07/2023, (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.*Sasonte Castro
Required Signature/Registered Agent

04/07/2023

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.*Sasonte Castro
Required Signature/Incorporator

04/07/2023

Date

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