

To:
Division of Corporations

From: Erik Gonzalez
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P23000040019

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 : I20150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

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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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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
YULEYMIS VAZQUEZ STIVEN P.A

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

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

SECRETARY OF STATE
 TALLAHASSEE, FL

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SUBJECT: YULEYMIS VAZQUEZ STIVEN 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: YULEYMIS VAZQUEZ STIVEN

Name (Printed or typed)

1118 NW 16th Ter

Address

Cape Coral, FL 33993

City, State & Zip

(239)292-2018

Daytime Telephone number

yuleystivenrealtor@gmail.com

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

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: YULEYMIS VAZQUEZ STIVEN P.A.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

1118 NW 16th Ter

Cape Coral, FL 33993

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: YULEYMIS VAZQUEZ STIVEN, P

Address: 1118 NW 16th Ter

Cape Coral, FL 33993

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: YULEYMIS VAZQUEZ STIVEN
 Address: 1118 NW 16th Ter
Cape Coral, FL 33993

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

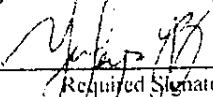
Name: YULEYMIS VAZQUEZ STIVEN
 Address: 1118 NW 16th Ter
Cape Coral, FL 33993

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/19/2023 (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*

 05/19/2023
 Required Signature/Registered Agent 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.

 05/19/2023
 Required Signature/Incorporator Date

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