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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 : 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 JUN 13 AM 9:05

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
MONTE DQ TRANSPORT CORP

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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COVER LETTER

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

SUBJECT: MONTE DQ TRANSPORT 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: DUVIER MONTEAGUDO QUINTANA

Name (Printed or typed)

28501 SW 152nd AVE

Address

HOMESTEAD, FL 33033

City, State & Zip

(305) 360-9873

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.

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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: MONTE DQ TRANSPORT CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
28501 SW 152nd AVE SAME ADDRESS
HOMESTEAD, FL 33033

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: Duvier Monteagudo Quintana, P Name and Title:
Address: 28501 SW 152nd AVE Address:
HOMESTEAD, FL 33033

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

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2023-06-12 20:58:00 GMT

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From: Erik Gonzalez

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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: DUVIER MONTEAGUDO QUINTANA
Address: 28501 SW 152nd AVE
HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DUVIER MONTEAGUDO QUINTANA
Address: 28501 SW 152nd AVE
HOMESTEAD, FL 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/12/2023 (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
06/12/2023
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
06/12/2023
Date

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