

P23000057240

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: _____

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REGISTRATION

FLORIDA PROFIT/NON PROFIT CORPORATION
URENA UREDENT DENTAL C.A CORP

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

SECRETARY OF STATE

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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

SUBJECT: URENA UREDENT DENTAL C.A 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
 Status

ADDITIONAL COPY REQUIRED

FROM: RENSO E. RUIZ LASTRA

Name (Printed or typed)

8350 NW 66th ST

Address

MIAMI, FL 33166

City, State & Zip

(786)559-1114

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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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEURENA UREDENT DENTAL C.A CORP
The name of the corporation shall be: _____**ARTICLE II PRINCIPAL OFFICE**Principal street address

8350 NW 66th ST

MIAMI, FL 33166

Mailing address, if different is:

SAME ADDRESS

ARTICLE III PURPOSEANY 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: RENSO E. RUIZ LASTRA, PRESIDENT

Name and Title: _____

Address: 8350 NW 66th ST

Address: _____

MIAMI, FL 33166

Name and Title: LUZ M. TOBON VELEZ

Name and Title: _____

Address: 8350 NW 66th ST

Address: _____

MIAMI, FL 33166

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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OF FLORIDA

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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: RENZO E. RUIZ LASTRA
 Address: 8350 NW 66th ST
MIAMI, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: RENZO E. RUIZ LASTRA
 Address: 8350 NW 66th ST
MIAMI, FL 33166

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/08/2023 (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*

RENZO E. RUIZ LASTRA 08/08/2023
 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.

RENZO E. RUIZ LASTRA 08/08/2023
 Required Signature/Incorporator Date

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 DEPARTMENT OF STATE
 CORP. REGISTRATION