

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**P24000016476**

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((H24000087700 3)))



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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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SILVERCOM USA INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR -7 PM 2:07

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T.J.H.  
3/6/24

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## COVER LETTER

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

SUBJECT: SILVERCOM USA INC

(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: CARLOS A. OCANA MENDOZA

Name (Printed or typed)

1818 SW 1st AVE

Address

MIAMI, FL 33129

City, State & Zip

(305)300-4412

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 5 PM 2024

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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: SILVERCOM USA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1818 SW 1st AVEMIAMI, FL 33129

Mailing address, if different is:

SAME ADDRESS**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: CARLOS A. OCANA MENDOZA, P

Name and Title: \_\_\_\_\_

Address 1818 SW 1st AVE

Address: \_\_\_\_\_

MIAMI, FL 33129

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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MAR 17 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Page: 5 of 5

2024-03-05 21:31:14 GMT

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From: Erik Gonzalez

1290000 89900 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: CARLOS A. OCANA MENDOZA

Address: 1818 SW 1st AVE

MIAMI, FL 33129

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CARLOS A. OCANA MENDOZA

Address: 1818 SW 1st AVE

MIAMI, FL 33129

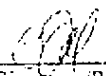
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/05/2024 (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

*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

03/05/2024

FILED  
DATE  
03/05/2024  
STATE  
FLORIDA