

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
PAY00016476

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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: _____

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

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

2024 MAR -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR -5 PM 4:27

FILED

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 15 2024

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

ARTICLE I NAME SILVERCOM USA INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1818 SW 1st AVE SAME ADDRESS
MIAMI, FL 33129

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: 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

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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: 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
Date
SECRETARY OF STATE
TALLAHASSEE
FLORIDA
03/05/2024
Date

FILED