

To:

P24000060789

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PARTIDO SERVICES CORP

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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83A

COVER LETTER

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

SUBJECT: PARTIDO SERVICES 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: JOSE M PARTIDO RODRIGUEZ

Name (Printed or typed)

8160 W 28 CT APT 104

Address

HALEAH, FL 33018

City, State & Zip

(805)663-4211

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: PARTIDO SERVICES CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
8160 W 28 CT APT 104 SAME ADDRESS
HIALEAH, FL 33018

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: JOSE M PARTIDO RODRIGUEZ, P Name and Title:
Address: 8160 W 28 CT APT 104 Address:
HIALEAH, FL 33018

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

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

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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: JOSE M PARTIDO RODRIGUEZ
Address: 8160 W 28 CT APT 104
HIALEAH, FL 33018

ARTICLE VII INCORPORATOR

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

Name: JOSE M PARTIDO RODRIGUEZ
Address: 8160 W 28 CT APT 104
HIALEAH, FL 33018

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/27/2024 (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 09/27/2024
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 09/27/2024
Date

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