

P24000068337

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

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 annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ELI ABA CORP

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

RECEIVED

2024 NOV -5 PM 2:52

FILED

2024 NOV -5 AM 3:07

To:

Subject: Page: 3 of 5

2024-11-05 18:45:00 GMT

13054022854

From: Erik Gonzalez

Enclosed:

COVER LETTER

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

SUBJECT: ELI ABA 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: ELIZABETH PORTELLES PINERO

Name (Printed or typed)

5702 SW 80th ST

Address

MIAMI, FL 33143

City, State & Zip

(786) 777-8335

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.

1124 00036856 [3]

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ELI ABA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address5702 SW 80th STMIAMI, FL 33143

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: ELIZABETH PORTELLES PINERO, PAddress: 5702 SW 80th STMIAMI, FL 33143

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2024 NOV -5 AM 3:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

H24000368561 3

1240003685013

Original
to be filed

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: ELIZABETH PORTELLES PINERO

Address: 5702 SW 80th ST

MIAMI, FL 33143

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ELIZABETH PORTELLES PINERO

Address: 5702 SW 80th ST

MIAMI, FL 33143

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: 11/04/2024

(OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five 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

	11/04/2024
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.

	11/04/2024
Required Signature/Incorporator	Date

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