

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
ELIZABETH PORTELLES PINERO P.A**

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

RECEIVED
2024 NOV -7 PM 2:10
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TALLAHASSEE, FLORIDA

RE

Electronic Filing Menu

Corporate Filing Menu

Help

T.S.H.
11/8/24

Enclosed

COVER LETTER

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

SUBJECT: ELIZABETH PORTELLES PINERO P.A.

(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.

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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: ELIZABETH PORTELLES PINERO P.A.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
5702 SW 80th ST SAME ADDRESS
MIAMI, FL 33143

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: REAL ESTATES SALES.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH PORTELLES PINERO, P Name and Title:

Address 5702 SW 80th ST Address:

MIAMI, FL 33143

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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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: ELIZABETH PORTELLES PINERO
 Address: 5702 SW 80th ST
 MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELIZABETH PORTELLES PINERO
 Address: 5702 SW 80th ST
 MIAMI, FL 33143

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ARTICLE VIII EFFECTIVE DATE: 11/06/2024

Effective date, if other than the date of filing: _____ (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
 11/06/2024
 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
 11/06/2024
 Date

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