

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet  
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shown below on the top and bottom of the pages of the document.

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8-16-24



H240002740553ABCS

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DIVISION OF CORPORATIONS  
ELECTRONIC FILING

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  
LEBAZY CORP

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

2024 AUG 15 PM 12:32  
DIVISION OF STATE  
CORPORATIONS  
FILED

424000274055 3

COVER LETTER

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

SUBJECT: LEBAZY 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

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 AUG 15 PM 12:32

FROM: BEATRIZ A. GUERRERO RIVERO  
Name (Printed or typed)  
241 E 13th ST  
Address  
HALEAH, FL 33010  
City, State & Zip  
(786) 696-0485  
Daytime Telephone number  
guerrerobeatriz142@gmail.com  
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**

LEBAZY CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

241 E 13th ST

SAME ADDRESS

HIALEAH, FL 33010

**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: BEATRIZ A. GUERRERO RIVERO. P

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

Address

241 E 13th ST

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

HIALEAH, FL 33010

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

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

Address

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

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

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

Address

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

FILED  
2024 AUG 15 PM 12:32  
CLERK OF STATE  
TALLAHASSEE, FL

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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: BEATRIZ A. GUERRERO RIVERO  
Address: 241 E 13th ST  
HIALEAH, FL 33010

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: BEATRIZ A. GUERRERO RIVERO  
Address: 241 E 13th ST  
HIALEAH, FL 33010

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 08/15/2024 (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

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

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