

**P16000096631**

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  
DARSYS MAKEUP & HAIR INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC -7 PM 1:44

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**COVER LETTER**

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

**SUBJECT:** DARSYS MAKEUP & HAIR 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:** DARSYS MILIAN  
Name (Printed or typed)  
14860 SW 143 ST  
Address  
MIAMI, FL 33196  
City, State & Zip  
(786)447-3569  
Daytime Telephone number  
darsysm@yahoo.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** DARSYS MAKEUP & HAIR INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
7287 W FLAGLER ST SAME ADDRESS  
MIAMI, FL 33144

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	DARSYS MILIAN, PRESIDENT	Name and Title:	_____
Address	7287 W FLAGLER ST	Address:	_____
	MIAMI, FL 33144		_____
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: DARSYS MILIAN  
 Address: 7287 W FLAGLER ST  
MIAMI, FL 33144

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERIK GONZALEZ  
 Address: 8660 W FLAGLER ST STE 207  
MIAMI, FL 33144

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/07/2016 (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  
 12/07/2016  
 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  
 12/07/2016  
 Date

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