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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
YOVANI MARMOL & TILE CORP.

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

16 DEC -7 PM 1:35

SEP 11 11:51 AM '16

M. MOON
DEC 07 2016

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COVER LETTER

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

SUBJECT: YOVANI MARMOL & TILE 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: YOVANI MARQUEZ SUAREZ
Name (Printed or typed)
550 NW 51 AVE APT 18
Address
MIAMI, FL 33126
City, State & Zip
(786)506-0518
Daytime Telephone number
marquezyovani849@gmail.com
E-mail address: (to be used for future annual report notification)

16 DEC -7 PM 1:36

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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: YOVANI MARMOL & TILE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

550 NW 51 AVE APT 18

SAME ADDRESS

MIAMI, FL 33126

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: YOVANI MARQUEZ SUAREZ. P

Name and Title: _____

Address

550 NW 51 AVE APT 18

Address: _____

MIAMI, FL 33126

Name and Title: JENY GARCIA RODRIGUEZ. VP

Name and Title: _____

Address

550 NW 51 AVE APT 18

Address: _____

MIAMI, FL 33126

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: YOVANI MARQUEZ SUAREZ. P
Address: 550 NW 51 AVE APT 18
MIAMI, FL 33126

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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: 12/06/2016 (OPTIONAL)

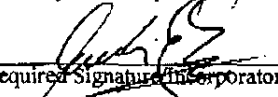
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 12/06/2016
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.

 12/06/2016
Required Signature/Incorporator Date

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