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To:

Division of Corporations

Fax Number : (950)617-6381

From:

Account Name : TRAMILEX LLC Account Number : I20150000086 Phone : (786) 469-9163 : (305)848-3716 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION

Caribe Island Trucking Inc.

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

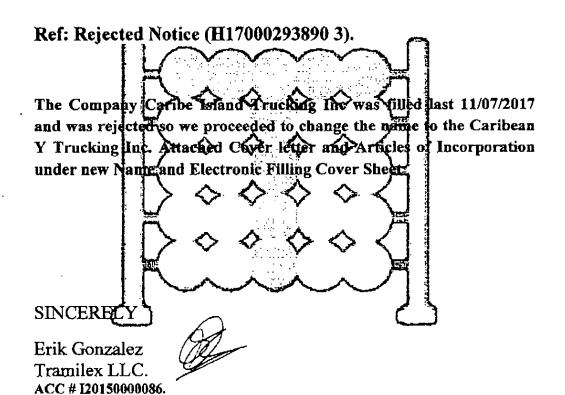
Tramilex LLC. 8660 West Flagler St Suite 207

Miami, Fl 33144 Tel: (786) 469-9163. Fax: (305) 848-3716.

Email: tramilexllc@gmail.com

November 16/2017.

To Florida Department of State.



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COVER LETTER

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

SUBJECT: Caribean	ibean Y Island Trucking Inc				
30000E1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
•	ADDITIONAL COPY RI		PY REQUIRED		
FROM:	sbany Herrera Hernandez Name 2 NW 12th PL	e (Printed or typed)			
	· · · · · · · · · · · · · · · · · · ·	Address			
ML	AMI, FL 33147				
	City,	State & Zip			
(78	6)416-3307				
	Daytime 1	elephone number			
yus	banyherrera 19@gmail.com				
 -	E-mail address: (to be use	d 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)

	E Caribean Y Island Trucking traction shall be: NCIPAL OFFICE		
12 NW 12th PL	Principal street address	Mailing add SAME ADRESS	ress, if different is:
AMI, FL 33147		<u> </u>	
		•	
TICLE III. PUR purpose for whice	POSE h the corporation is organized is:	ND ALL LAWFUL BUSINESS	
		11 Table 1 Tab	
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TICLE V INIX	IRES 100 of stock is: (IAL OFFICERS AND/OR DIRECTORS itle: Yusbany Herrera Hernandez, P 8152 NW 12th PI	Name and Title:	
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Name 8	and Title:	Name and Title:		
Addre	55	Address:	~ 	
	-	-		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	aftha maistread grant in		
Name:	Yusbany Herrera Hernandez	of the registered agent is:		
Address:	8152 NW 12th PL	_		
Addiess.	MIAML, FL 33147			
	·			
ARTICLE VII	<u>INCORPORATOR</u>			
The pame and	address of the Incorporator is:		. •	-:
Name:	ERIK GONZALEZ			: :
Address:	8660 W FLAGLER ST STE 207	_	;	·· :
	MIAMI, FL 33144			, - ,
ARTICI E VIII	EFFECTIVE DATE: 11/16/2017			··
Effective date.	if other than the date of filing:	(OPTIONAL)	· .	57. 57.
(If an effective days after the	date is listed, the date must be specific and can filing.)	not be more than five business	days prior or	90 business
	te inserted in this block does not meet the applicat		his date will n	ot be listed as
the document's	effective date on the Department of State's record	9.		
Having been n this certificate.	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporate registered agent and agree to act	on at the plac in this capacit	Se designated in by
	15	, , , , , , , , , , , , , , , , , , ,	11/16/2017	
Required Signature/Registered Agent		.	Date	
I submit this d	ocument and affirm that the facts stated herein a	re true. I am aware that the fals	e information	submitted in a
document to the	e Department of State constitutes a third degree fel	lony as provided for in s.817.155,	F.S.	
	Auch B		11/16/2017	
Req	uired Signature/Incorporator]	Oate

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