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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

Handwritten signature and date: 5/12/22

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
UNIVERSE X SERVICES INC

RECEIVED
2022 MAY 11 AM 7:59
CORPORATIONS
COMMERCIAL
SERVICES

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

2022 MAY 11 AM 7:26

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COVER LETTER

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

SUBJECT: UNIVERSE X SERVICES 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: MILENA SANTA FE
Name (Printed or typed)

8897 FONTAINEBLEAU BLVD APT 305
Address

MIAMI, FL 33172
City, State & Zip

(786) 856-3475
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: UNIVERSE X SERVICES INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 8897 FONTAINEBLEAU BLVD APT 305
Mailing address, if different is: SAME ADDRESS
MIAMI, FL 33172

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: MILENA SANTA FE. PRESIDENT Name and Title: _____
Address: 8897 FONTAINEBLEAU BLVD APT 305 Address: _____
MIAMI, FL 33172

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: MILENA SANTA FE
 Address: 8897 FONTAINEBLEAU BLVD APT 305
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MILENA SANTA FE
 Address: 8897 FONTAINEBLEAU BLVD APT 305
MIAMI, FL 33172

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/10/2022 (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

Santa Fe _____ 05/10/2022
 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.

Santa Fe _____ 05/10/2022
 Required Signature/Incorporator Date

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