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 : 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 LARA PORTAL SERVICES CORP

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COVER LETTER

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

JBJECT: LARA	PORTAL SERVICES CORP			
	(PROPOSED CORPOR)	ATE NAME - MUST INCL	UDE SUFFIX)	
iclosed are an orij	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
₩ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	1 SW 117th AVE APT 301	e (Printed or typed)		
		Address		
MIA	AMI, FL 33175			
	City, State & Zip			
(786	5) 862-2659			
	Daytime T	elephone number	~·····································	
	E-mail address: (to be used	for future annual report n	otification)	

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NOTE: Please provide the original and one copy of the articles.

2024-06-28 18 59 24 GMT H C \ 000 L Z \ 3 7 9 Z \ 3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE / N-D	Oration shall be: LARA PORTAL SERVICE	S CORP	
TICLE II PRINCIPAL OFFICE Principal <u>street</u> address (1 SW 117th AVE APT 30) AMI, FL 33175		Mailing address	ess, if different is:
ICLE III PUE purpose for which	RPOSE the the corporation is organized is: ANY AN		
··			
TICLE IV SHARES number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ANDY LARA PORTAL, President		Name and Title:	
Address	3601 SW 117th AVE APT 301 MIAMI, FL 33175	Address:	•
			· · · · · · · · · · · · · · · · · · ·
Name and Tit	ile:		
		Address:	
Address		Name and Title: Address:	

H 24000 223 292 3

From Enk Gonzalez

Name	and Title:	Name and Title:
Addre	ss	Address:
		· · · · · · · · · · · · · · · · · · ·
ARTICLE 17 The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	ANDY LARA PORTAL	.
Address:	3601 SW 117th AVE APT 301	una.
	MIAMI, FL 33175	
		
ARTICLE VII	INCORPORATOR	•
The <u>name and a</u>	address of the Incorporator is:	
Name:	ANDY LARA PORTAL	
Address:	3601 SW 117th AVE APT 301	
	MIAMI, FL 33175	_
		\2
Effective date, i	f other than the date of filing: 06/27/2024	. (OPTIONAL)
If an effective lays after the f	date is nated, the dute limst be specific and cant	not be more than five business days prior or 90 business
Note: If the dat he document's o	e inserted in this block does not meet the applicable fective date on the Department of State's records	le statutory filing requirements, this date will not be listed as
laving been na his certificate, I	med as registered agent to accept service of proce am familiar with and accept the appointment as r	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
<i>\$\text{g}</i>		06/27/2024
	Required Signature/Registered Agent	Date
submit this document to the	cument and affirm that the facts stated herein ar. Department of State constitutes a third degree feto	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
A.		06/27/2024
Requ	ired Signature/Incorporator	Date