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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 : I2015000086
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
MARLON FM SERVICES CORP

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MARLON FM SERVICES 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: Marlon Fernandez Martin
Name (Printed or typed)
4301 NW 170th ST
Address
Miami, FL 33055
City, State & Zip
786 201-4640
Daytime Telephone number
marlonfz03@gmail.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 MARLON FM SERVICES CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
4301 NW 170th ST SAME ADDRESS
Miami, FL 33055

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

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlon Fernandez Martin, President Name and Title:
Address: 4301 NW 170th ST Address:
Miami, FL 33055

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: Marlon Fernandez Martin
 Address: 4301 NW 170th ST
Miami, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlon Fernandez Martin
 Address: 4301 NW 170th ST
Miami, FL 33055


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/25/2024 (OPTIONAL)

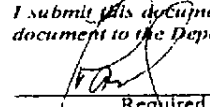
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 04/25/2024
 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.

 04/25/2024
 Required Signature/Incorporator Date

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