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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****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
R.A.X INTERNATIONAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

15 OCT 28 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 OCT 28 PM 3:09

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R.A.X INTERNATIONAL LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANCEL HERNANDEZ

Name of Person

R.A.X INTERNATIONAL LLC

Firm/Company

1425 PONCE DE LEON BLVD

Address

CORAL GABLES, FL 33134

City/State and Zip Code

raxinternationalllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANCEL HERNANDEZ

786

357-1255

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



**\$130.00 Filing Fee &
Certificate of Status**



**\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)**



**\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)**

Mailing Address

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

Street Address

**New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.A.X INTERNATIONAL LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1425 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Mailing Address:

SAME ADDRESS

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RANCEL HERNANDEZ

Name

1722 SW 21 ST

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

City

FL

State

33145

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

RANCEL HERNANDEZ

1722 SW 21 ST

MIAMI, FL 33145

AMBR

MARIA E. PONCE GOMEZ

1425 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/28/2015 (OPTIONAL)

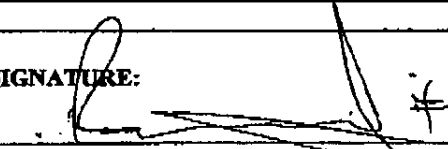
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

RANCEL HERNANDEZ

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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