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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 : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

****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

Tradis Displays, Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 30 PM 1:08

FILED

K 01/31/13

COVER LETTER

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

SUBJECT: Tradis Displays, 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: Carlos M Samlut CPA

Name (Printed or typed)

Po Box 557243

Address

Miami, FL 33255

City, State & Zip

305-461-9518

Daytime Telephone number

csamlut@samlut.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME Tradis Displays, Inc
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address
4801 Pembroke Road
Hollywood, FL 33021

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS.**ARTICLE IV SHARES**

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincenzo Sereni, President

Address: 4801 Pembroke Rd

Hollywood, FL 33021

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GMS INTERNATIONAL ENTERPRISES, INC

Address: 550 BILTMORE WAY STE 200

CORAL GABLES FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CARLOS M. SAMI, J.T. CPA

Address: 550 BILTMORE WAY STE 200

CORAL GABLES FL 33134

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

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.817.153, F.S.

Required Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 30 PM 1:08

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1/28/2013

JAN 28/2013