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 : (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.

Emmil Address: FLORIDA PROFIT/NON PROFIT CORPORATION WAR INSTALLATION WINDOW SERVICES. Certificate of Status Certified Copy 0 01 Page Count \$70.00 Estimated Charge



October 8, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

TRAMILEX LLC

SUBJECT: WAR INSTALLATION WINDOW SERVICES.

REF: W15000066796

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H15000240495 Letter Number: 915A00021283

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SECRETARY OF STATE

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COVER LETTER

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

SORPECT:	(NT) (NT)	-0dbs -00			
	(PRU	POSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an	original and one	(1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	ee Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL COPY REQUIRE		
FROM	WALFREDO ALVAREZ Name (Printed or typed)				
	7495 SW 37th ST				
	Address				
	MIAMI, FL 33155	;			
	City, State & Zip				
	(305)896-0781				
	Daytime Telephone number				
	walfredoalvarez@l	live.com			

WAR INSTALLATION WINDOW SERVICES CORP.

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

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

4150002409953

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

ICLE II PRIN	<u>CIPAL OFFICE</u>		
SW 37th ST	Principal <u>street</u> address	S	Mailing address, if different is:
MI, FL 33155			
	*	·	
ICLE III PURP	OSE the corporation is organized is:		
AND ALL LAW			

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		1	-1-4
umber of shares o	f stock is:	ORS	
Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST	DES DENT Name ar	d Title:
number of shares o	f stock is: AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST	ORS	
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number of sheres of ICLE V INITA Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST MIAMI, FL 33155	DRS SIDENT Name ar Address Name ar	od Title:
Name and Tit Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST MIAMI, FL 33155	PRS EIDENT Name ar Address Name ar Address	od Title:
Name and Tit Name and Tit	AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST MIAMU, FL 33155	PRS DENT Name ar Address Name ar Address	ad Title:
Name and Titl Address Address	AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST MIAMU, FL 33155	DRS SIDENT Name ar Address Name ar Address	ad Title:
Name and Titl Address Address	AL OFFICERS AND/OR DIRECTO WALFREDO ALVAREZ. PRES 7495 SW 37th ST MIAMU, FL 33155	DRS SIDENT Name ar Address Name ar Address	ad Title:

15000 2404E5 >

Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable	a) of the registered econt in
Name:	WALFREDO ALVAREZ	A of the registered agent is.
Address:	7495 SW 37th ST	 -
	MIAMI, FL 33155	
ARTICLE VIL	<u>INCORPORATOR</u>	·
The name and a	ddress of the Incorporator is:	
Name:	ERIK GONZALEZ	
Address:	8660 W FLAGLER ST STE 207	<u>·</u>
	MIAMI, FL 33144	_
Effective date, is	EFFECTIVE DATE: 10/07/2015 fother than the date of filing:	(OPTIONAL)
(If an effective days after the f		nnot be more than five business days prior or 90 business
	e inserted in this block does not meet the applicate effective date on the Department of State's recor	ble statutory filing requirements, this date will not be listed as ds.
Having been na this certificate, k	med as registered agent to accept service of pro am familiar with and accept the appointment as	cess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	Wolfredo Slussey	10/07/2015
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in elony as provided for in s.817.155, F.S.
	1169	10/07/2015
Requ	uired Fignature Accorporator	Date