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 : 120150000086

Phone

: (786)469-9163

Fáx Number

: (305)848-3716

**Enter the email address for this business entity to be used for furure annual report mailings. Enter only one email address please. **

60 Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

MELYS FREIGHT SYSTEM CORP

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COVER LETTER

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

| | (PROPOSED CORPOR | ATE NAME - MUST INCL | UDE SUFFEX) |
|-----------------------|--|---------------------------------------|--|
| osed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l 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 CO | |

PROM:

Name (Printed or typed)

9440 SW 55th ST

Address

MIAMI, FL 33165

City, State & Zip

(305)582-0273

Daytime Telephone number

yosvanimel@yahoo.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)

|] | I <u>PAL OFFICE</u> Principal <u>street</u> address | Mailing address, if different |
|---|---|---|
| 9440 SW 55th ST | | SAME ADRESS |
| AMI, FL 33165 | | |
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| | LOFFICERS AND/OR DIRECTO YOSVANI ALMEIDA. PRESID 9440 SW 55th ST | PENT Name and Title: |
| Name and Title | LOFFICERS AND/OR DIRECTS YOSVANI ALMEIDA. PRESID | PENT Name and Title: |
| Name and Title | LOFFICERS AND/OR DIRECTO YOSVANI ALMEIDA. PRESID 9440 SW 55th ST | PENT Name and Title: |
| Name and Title Address | LOFFICERS AND/OR DIRECTO YOSVANI ALMEIDA. PRESID 9440 SW 55th ST MIAMI, FL 33165 | PENT Name and Title: |
| Name and Title Address Name and Title | LOFFICERS AND/OR DIRECTO YOSVANI ALMEIDA. PRESID 9440 SW 55th ST MIAMI, FL 33165 | Name and Title: |
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| Name an | d Title: | Name and Title: |
|---------------------------------------|---|--|
| Address | | Address: |
| | | |
| | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptabl | a) of the recisional recent in |
| Name: | YOSVANI ALMEIDA | e) of the registered again is. |
| Address: | 9440 SW 55th ST | |
| | MIAMI, FL 33165 | |
| APTICI E VII | INCORPORATOR | |
| | kdress of the Incorporator is: | |
| Name: | ERIK GONZALEZ | |
| Address: | 8660 W FLAGLER ST STE 207 | |
| | MIAMI, FL 33144 | |
| | EFFECTIVE DATE: 11/20/2015 | |
| | other than the date of filing:ate is listed, the date must be specific and ca | |
| • | | able statutory filing requirements, this date will not be listed as |
| | ffective date on the Department of State's reco | |
| Having been na this certificate, I | ned as registered agent to accept service of pro am familiar with and accept the appointment a | ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity |
| - , | Nach | 11/20/2015 |
| <u> </u> | Required Signature/Registered Agent | Date |
| I submit this do document to the | cument and affirm that the facts stated herein Department of State copalitutes a third degree | are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S. |
| | 11 12/- | 11/20/2015 |
| Requ | ired Signature/Incorporator | Date |