Division of Corporations **Electronic Filing Cover Sheet**

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(((H160000163503)))



H160000163503ABCW

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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

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 CAMFLY SERVICE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
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H16000016350 3

COVER LETTER

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

SUBJECT: CAMPL	Y SERVICE CORP.		
<i></i>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
.			
FROM:	UARDO LEON VILLANUEVA		
	Nam	e (Printed or typed)	
9958	3 N. KENDALL DR APT 511		
		Address	
MIA	MI, FL 33176		
	City	, State & Zip	
(305	9928-9910		
	Daytime 1	Celephone number	
· · · · · · · · · · · · · · · · · · ·	E-mail address; (to be use	d for future annual report	notification)

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

H160000163503



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

16 JAN 20 PM 1:00

ARTICLE I NAME The name of the corporat		SECRETARY OF ST TALLAHASSEE FLO	ATE RIDA
ARTICLE II PRINC			
9958 N. KENDALL DE	Principal <u>street</u> address RAPT 511	Mailing address, if different is: SAME ADRESS	
MIAMI, FL 33176			
	he corporation is organized is:		
ANY AND ALL LAW	FUL BUSINESS		
	LOFFICERS AND/OR DIRECTORS EDUARDO LEON VILLANUEVA. P 9958 N. KENDALL DR APT 511 MIAMI, FL 33176	Name and Title:Address:	
Name and Title:	9958 N KPNDATT DE APT 511	Name and Title:	
Address	MIAMI, FL 33176	Address:	
Name and Title:		Name and Title:	
Address		Address:	



16 JAN 20 PM 7: 00

IRTICLE VI REGISTERED AGENT the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: EDUARDO LEON VILLANUEVA 9958 N. KENDALL DR APT 511 MIAMI, FL 33176 IRTICLE VII INCORPORATOR The name and address of the Incorporator is: Registered Signature/Registered Agent Address: 8660 W FLAGLER ST STE 207 MIAMI, FL 33144 IRTICLE VIII EFFECTIVE DATE: Address: 8660 W FLAGLER ST STE 207 MIAMI, FL 33144 If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business lays 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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Advanced Signature/Registered Agent of Date Date	Name an	d Title:	Name and Title:_	SECRETARY OF STATE
the name and Florida street address (F.O. Box NOT acceptable) of the registered agent is: Name: EDUARDO LEON VILLANUEVA 9958 N. KENDALL DR APT 511 MIAMI, FL 33176 Address: MIAMI, FL 33176 ERITCLE VII INCORPORATOR The name and address of the Incorporator is: ERIK GONZALEZ Address: 8660 W FLAGLER ST STE 207 MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: 01/18/2016 OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business lays 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 a 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity ON TOTAL OF THE ACCEPTATE ACCEPTATE AGENT AG	Address		Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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