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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

16 FEB -3 PM 2:17

\*\*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  
MIAMI PRO TATTOO CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

16 FEB 2016 4:28 PM

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**COVER LETTER**

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

**SUBJECT:** MIAMI PRO TATTOO CORP.

**(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:** YUNIEL ALFONSO  
Name (Printed or typed)

11331 SW 4TH ST  
Address

MIAMI, FL 33174  
City, State & Zip

(786)3189949  
Daytime Telephone number

yunieltattoo@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: MIAMI PRO TATTOO CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11331 SW 4th ST  
MIAMI, FL 33174

Mailing address, if different is:  
SAME ADDRESS

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YUNIEL ALFONSO. PRESIDENT

Address: 11331 SW 4th ST  
MIAMI, FL 33174

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: YUNIEL ALFONSO

Address: 11331 SW 4th ST

MIAMI, FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERIK GONZALEZ

Address: 8660 W FLAGLER ST STE 207

MIAMI, FL 33144

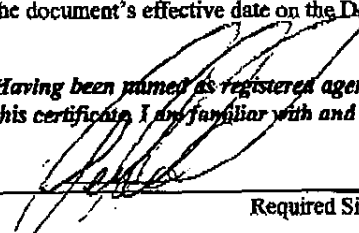
**ARTICLE VIII EFFECTIVE DATE:** 02/03/2016

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

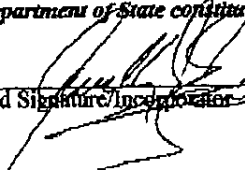
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

	<u>02/03/2016</u>
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.817.155, F.S.*

	<u>02/03/2016</u>
Required Signature/Incorporator	Date

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