

P16000027525

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

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

Email Address: _____

RECEIVED

16 MAR 28 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
NAILS BY ANNIE INC

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

FILED

16 MAR 28 PM 12:10

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Jeff 3/29/16

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COVER LETTER

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

SUBJECT: NAILS BY ANNIE 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: ANIUBYS ACOSTA PEREZ

Name (Printed or typed)

100 KINGS POINT DR APT 1612

Address

SUNNY ISLES BEACH, FL 33160

City, State & Zip

(786)320-2735

Daytime Telephone number

aniubys@yahoo.es

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: NAILS BY ANNIE INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
100 KINGS POINT DR APT 1612
SUNNY ISLES BEACH, FL 33160

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: ANTUBYS ACOSTA PEREZ. PRESIDEN Name and Title: _____
Address: 100 KINGS POINT DR APT 1612 Address: _____
SUNNY ISLES BEACH, FL 33160 Address: _____

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

Name and Title: _____ Name and Title: _____
Address: _____ 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: ANIUBYS ACOSTA PEREZ
 Address: 100 KINGS POINT DR APT 1612
 SUNNY ISLES BEACH, FL 33160

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 16 MAR 28 PM 12:10
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

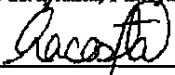
Name: ERIK GONZALEZ
 Address: 8660 W FLAGLER ST STE 207
 MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE:

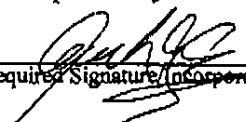
Effective date, if other than the date of filing: 03/28/2016 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 03/28/2016
 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.

 _____ 03/28/2016
 Required Signature/Incorporator Date

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