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Division of Corporations

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Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
1RF INC**

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

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TALLAHASSEE, FLORIDA

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April 13, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRAMILEX LLC

SUBJECT: 1RF INC
REF: W16000027406

26 332

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 effective date cannot be more than five business days prior to the date of filing or more than 90 days after the filing date. It appears that we received your filing on April, 12, 2016.

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

Matthew T Moon
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000073438
Letter Number: 316A00007620

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COVER LETTER

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

SUBJECT: 1RF 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: RICHARD FERREIRO

Name (Printed or typed)

9520 SW 8 ST APT 208

Address

MIAMI, FL 33174

City, State & Zip

(305)200-4642

Daytime Telephone number

richard.ferreiro@me.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: IRF INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9520 SW 8TH ST APT 208

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: RICHARD FERREIRO. PRESIDENT

Address: 9520 SW 8TH ST APT 208

MIAMI, FL 33174

Name and Title: _____

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

Name: RICHARD FERREIRO
Address: 9520 SW 8TH ST APT 208
MIAMI, FL 33174

ARTICLE VII INCORPORATORThe 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: 04/17/2016. (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


Required Signature/Registered Agent

04/17/2016

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.


Required Signature/Incorporator

04/17/2016

Date

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