

P16000057584

Florida Department of State
Division of Corporations
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16 JUL 13 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
LA MODA EN MIAMI INC

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

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COVER LETTER

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

SUBJECT: LA MODA EN MIAMI 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: MANUEL A SANCHEZ MACIAS

Name (Printed or typed)

5765 SW 8TH ST

Address

MIAMI, FL 33144

City, State & Zip

(786)474-5177

Daytime Telephone number

elmanuel18@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)

ARTICLE I NAMEThe name of the corporation shall be: LA MODA EN MIAMI INC**ARTICLE II PRINCIPAL OFFICE**Principal street address5765 SW 8TH STMIAMI, FL 33144

Mailing address, if different is:

SAME ADDRESS**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSFILED
16 JUL 13 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MANUEL A SANCHEZ MACIAS. PAddress 3472 SW 22ND TERRMIAMI, FL 33143

Name and Title: _____

Address: _____

Name and Title: IVAN ALONSO FONSECA. VPAddress 1800 SW 70 AVEMIAMI, FL 33155

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

Name: MANUEL A SANCHEZ MACIAS
Address: 3472 SW 22ND TERR
MIAMI, FL 33145

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: 07/13/2016 (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

07/13/2016

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

07/13/2016

Date

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