

Division of Corporations

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**FILED**

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
I LOVE IMAGEN INC**

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

16 AUG 24 PM 2:20

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**COVER LETTER**

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

**SUBJECT:** I LOVE IMAGEN 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:** EVELYS MENENDEZ CARRERA

Name (Printed or typed)

8005 LAKE DR APT 307

Address

MIAMI, FL 33166

City, State & Zip

(786)832-6701

Daytime Telephone number

evelday55@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: I LOVE IMAGEN INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
8005 LAKE DR APT 307  
MIAMI, FL 33166

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** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: EVELYS MENENDEZ CARRERA. P Name and Title: \_\_\_\_\_  
Address: 8005 LAKE DR APT 307 Address: \_\_\_\_\_  
MIAMI, FL 33166

Name and Title: DAYNIS GONZALEZ MENENDEZ. VP Name and Title: \_\_\_\_\_  
Address: 8005 LAKE DR APT 307 Address: \_\_\_\_\_  
MIAMI, FL 33166

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: EVELYS MENENDEZ CARRERA.

Address: 8005 LAKE DR APT 307

MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERIK GONZALEZ

Address: 8660 W FLAGLER ST STE 207

MIAMI, FL 33144

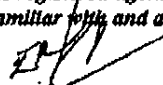
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/24/2016 (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*

	_____	08/24/2016
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.*

	_____	08/24/2016
Required Signature/Incorporator		Date

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