

P160000071901

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BEX INVESTMENTS CORP

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

09-1-16

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COVER LETTER

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

SUBJECT: BEX INVESTMENTS 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: Yoelvis Tagle
Name (Printed or typed)
2423 SW 147 AVE # 381
Address
MIAMI, FL 33185
City, State & Zip
(786)239-4710
Daytime Telephone number
tramitex11c@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 NAMEThe name of the corporation shall be: BEX INVESTMENTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address2423 SW 147 AVE # 381MIAMI, FL 33185

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: YOELVIS TAGLE. PRESIDENTAddress 2423 SW 147 AVE # 381MIAMI, FL 33185

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
16 AUG 31 PM 4:50
CLERK OF DISTRICT COURT
JULIA M. HARRIS, CLERK
MIAMI, FLORIDA

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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: YOELVIS TAGLE
 Address: 2423 SW 147 AVE # 381
MIAMI, FL 33185

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 08/31/2016 BY 60322
 16 AUG 31 PM 4:50
 211 (E7)

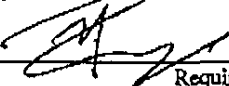
ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

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: 08/31/2016 (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*

 08/31/2016
 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.

 08/31/2016
 Required Signature/Incorporator Date

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