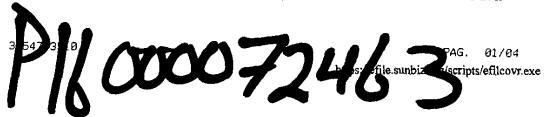
09/01/2016 12:15PM

Division of Corporations



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000218145 3)))



H160002181453ABC

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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)048-3716

\*\*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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(C)

### FLORIDA PROFIT/NON PROFIT CORPORATION

#### AMG FLOORING & PAINT INC.

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

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## H16000218145.3.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpo	E AMG FLOORING & PAINT I	NC.	
TICLE II PRII 344 SW 4th ST Ap	CIPAL OFFICE Principal street address	Mailing address SAME ADRESS	s, if different is:
AMI, PL 33174		<u> </u>	
TICLE III PUR	POSE  ANY AND A the corporation is organized is:	all Lawful Business	
		· .	
			_ <del>`</del>
		<u>.</u>	<del></del>
			- <del> </del>
TICLE IV SHAD number of shares (	RES 100 If stock is:		~~
		•	10
	IAL OFFICERS AND/OR DIRECTORS  1. ALVARO M GONZALEZ, PRESIDENT		3: 07
Name and Tide:	11344 SW 4th ST APT 1	Name and Title:	- <u> </u>
Address	MIAMI, FL 33174	Address:	
Name and Titl	HANIA M. MUNGUIA DUARTE. VP	Name and Title:	
Address	11344 SW 4th ST APT 1	Address:	
	MIAMI, FL 33174		
		· ———	<del></del>
Name and Titl	e:	Name and Title:	
		· ·	
Address		Address:	
Address		Address:	

# H160002181453

Name an	nd Title:	Name and Title:
Address	5	Address:
	·	
ARTICLE VI	REGISTERED AGENT  Norida street address (P.O. Box NOT acceptable	o) of the registered agent is:
Name:	ALVARO M. GONZALEZ	,
Address:	11344 SW 4th ST APT 1	in the state of th
Tiour 655.	MIAMI, FL 33174	—
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	ERIK GONZALEZ	<u> </u>
Address:	8660 W FLAGLER ST STE 207	07 07
	MIAMI, FL 33144	<u> </u>
Effective date, i		
Note: If the dat		ble statutory filing requirements, this date will not be listed as
Having been no this certificate, i	amed as registered agent to accept service of pro I am famillar with and accept the appointment a	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
		09/01/2016
	Required Signature/Registered Agent	Date
I submit this do document to the	ocument and affirm that the facts stated herein Department of State constitutes of third degree f	are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.
,	(devel)	09/01/2016
Requ	uired Signature/Incorporato	Date