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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 MASIA TRANSP CORP

Cont. Foots of States	- Carlo Permandore Constanti
Certificate of Status	V
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



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COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

MASIA TRANSP CORP

Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status DPY REQUIRED		
FROM:	LUIS O MASIA	(Printed or transf)			
	Name (Printed or typed)				
	5299 NW 192 LN				
		Address			
	MIAMI GARDENS, FL 33055				
	City, State & Zip				
	(786)246-5636				
	Daytime 1	Telephone number			
	luisoct1@hotmail.com				
	E-mail address: (to be use	d for future annual report	notification)		

H160002192423

NOTE: Please provide the original and one copy of the articles.

H160002194423

ARTICLES OF INCORPORATION

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

	CIPAL OFFICE Principal street address	Mailing address SAME ADRESS	s, if different is:
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CLE III PURF	POSE ANY All the corporation is organized is:	ND ALL LAWFUL BUSINESS	LAHA
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: LUIS O MASIA S299 NW 192 LN MIAMI GARDENS, FL 33055 ARTICLE VII INCORPORATOR The name and address of the incorporator is: ERIK GONZALEZ Name: 8660 W FLAGLER ST STE 207 MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is tisted, 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 stanutory 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 it this certificate, I am famillar with and accept the appointment as registered agent and agree to act in this capacity 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: LUIS O MASIA Address: MIAMI GARDENS, FL 33055 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ERIK GONZALEZ 8660 W FLAGLER ST STE 207 MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 busin 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 liste 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 designations of this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O9/02/2016 Required Signature Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.	Name and Title:		Name and Title:	
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Required Senature Townsporator Date			A.16		
	Required Menature Transporator Date	Req	uired steffature reservorator		Date

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