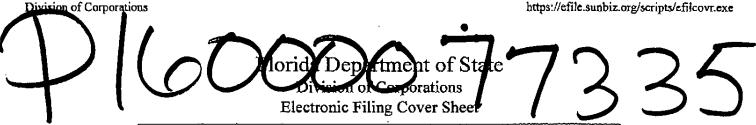
https://efile.sunbiz.org/scripts/efilcovr.exe



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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

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FLORIDA PROFIT/NON PROFIT CORPORATION SPADE SOLUTIONS INC.

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S. GILBERT

1 of 2

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(PROPOSED CORPORATE NAME - MUS

COVER LETTER

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

SPADE SOLUTIONS INC

Enclosed are an	original and one (1) copy of the art	icles of incorporation and	a check for:	
■ \$70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:				
	Nam	(Printed or typed)		
	6870 W 3rd AVE		•	
		Address		
	HIALEAH, FL 33014			
	City, State & Zip			
	(786)537-5662			
•	Daytime Telephone number			
	edcatala@gmail.com			
•	E-mail address: (to be use	d for future annual report :	notification)	

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

4160000337273

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- []

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SEP 20 AM 11: 42

The name of the corpor	SPADE SOLUTIONS E	NC
ARTICLE II PRIN 6870 W 3rd AVE		Mailing address, if different is: SAME ADRESS
HIALEAH, FL 33014		,
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	AND ALL LAWFUL BUSINESS
		· · · · · · · · · · · · · · · · · · ·
	f stock is: AND	Name and Title:
. Address	HIALEAH, FL 33014	Address:
·	·	
Name and Title		Name and Title:
Address	· · ·	Address:
Name and Title		Name and Title:
Address		
	·	

416000233727 3

Name a	nd Title:	Name and Title:
Addres		Address:
	· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT) - Cal
ne <u>pame an</u> u i Name:	Florida street address (P.O. Box NOT acceptable EDUARDO F. CATALA) of the registered agent is.
Address:	6870 W 3rd AVE	
, , , , , , , , , , , , , , , , , , , ,	HIALBAH, FL 33014	_
		
RTICLE VII	INCORPORATOR	
he <u>name and </u>	address of the Incorporator is:	
Name:	ERIK GONZALEZ	
Address:	8660 W FLAGLER ST STE 207	
	MIAMI, FL 33144	
Effective date, if I an effective days after the in Note: If the dathe document's Having been many seen ma	filing.) te inserted in this block does not meet the applicate offective date on the Department of State's record	cess for the above stated corporation at the place designate
	Raff for Librature/Registered Agent ocument and affirm that the facts stated herein of e Department of State constitutes a third degree fe	Date are true. I am aware that the false information submitted to idony as provided for in s.817.155, F.S. 09/20/2016
Rea	uired Signature/Incorporator	. Date
•	1116000283	7227