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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
WINKS AND BLINKS BEAUTIQUE CORP.

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

L. YARBROUGH

OCT 12 2016

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COVER LETTER

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

SUBJECT: WINKS AND BLINKS BEAUTIQUE 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: JANET GONZALEZ

Name (Printed or typed)

3011 SW 101 CT

Address

MIAMI, FL 33165

City, State & Zip

(786)473-7910

Daytime Telephone number

tramilexllc@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: WINKS AND BLINKS BEAUTIQUE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3011 SW 101 CT

MIAMI, FL 33165

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: JANET GONZALEZ. P

Address: 3011 SW 101 CT

MIAMI, FL 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: JANET GONZALEZ

Address: 3011 SW 101 CT

MIAMI, FL 33165

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ERIK GONZALEZ

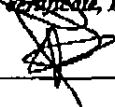
Address: 8660 W FLAGLER ST STE 207

MIAMI, FL 33144

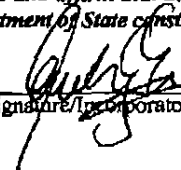
ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 10/11/2016 (OPTIONAL)

(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*

	<u>10/11/2016</u>
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.

	<u>10/11/2016</u>
Required Signature/Incorporator	Date

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