# Division of Corpor <u>efilcovr.exe</u>

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H16000211661 3)))



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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)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

#### **G&Y SERVICES AND REPAIR CORP**

	A PROPERTY OF THE PROPERTY OF
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

**FROM** 

TRAMILEX LLC ACCOUNT # I20150000086

TO

### DIVISION OF CORPORATION

This corp. was rejected two months ago because the original name was already used now do the correction the name to be corrected in the record.

Original Name: G&Y SERVICES AND REPAIR CORP

Corrected Name: Y&G II SERVICES AND REPAIR CORP.

H160002116613

**REGARDS** 

ERIK GONZALEZ

TRAMILEX LDC

### H160002116613

#### **COVER LETTER**

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

SUBJECT: Y&	G II SERVICES AND REPAIR CORP		
	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation an	d a check for:
₩ \$70.0 Filing Fo	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Yamili Encio	ne (Printed or typed)	
	7150 Allen St		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Hollywood, Fl 33024		
City,		, State & Zip	
	(786)315-8676		
	Daytime Telephone number		
	tramilexllc@gmail.com		
	E-mail address; (to be us	ed for future annual report	notification)

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

H160002116613

## 4160002116613

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

name of the corpo			
TICLE II PRINCIPAL OFFICE Principal street address		Mailing o	ddress, if different is:
0 Allen St	1 therbut an off princip	SAME ADRESS	duress, it different is:
llywood, FL 3302	4		
TICLE III PUR purpose for whic	POSE h the corporation is organized is:	ND ALL LAWFUL BUSINES	S
		<u> </u>	<del>,,</del>
		<del></del>	
	·		
	<u>.</u>		
TICLE IV SHA	RES 100		
TICLE IV SEA number of shares	RES 100 of stock is:		
number of shares	of stock is:		
number of shares	of stock is:  IAL OFFICERS AND OR DIRECTORS  Yamili Pacio P		16 OC
number of shares	of stock is:  IAL OFFICERS AND/OR DIRECTORS tle: Yamill Encio. P	Name and Title:	OCT LAHA
number of shares	IAL OFFICERS AND AR DIRECTORS tle:  7150 Allen St		· (**
number of shares  TCLB V INTO  Name and T	IAL OFFICERS AND AR DIRECTORS tle:  7150 Allen St	Name and Title:	OCT 31 P
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number of shares  TICLB V INTI  Name and T  Address	IAL OFFICERS AND/OR DIRECTORS tle: Yamill Encio. P 7150 Allen St Hollywood, Fl 33024	Name and Title:Address:	OCT 31 PM 4: 04 UNC DAN SEE, FLORIDA
Name and Ti	of stock is:  IAL OFFICERS AND/OR DIRECTORS tle: Yamill Encio. P  7150 Allen St  Hollywood, F1 33024	Name and Title:  Address:  Name and Title:	OCT 31 PM 4: 04 UNC DAN SEE, FLORIDA
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## 4160002116613

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT Orida street address (P.O. Box NOT acceptabl	e) of the registered agent is:
Name:	YAMILL ENCIO	·
Address:	7150 ALLEN ST	
	HOLLYWOOD, FL 33024	OCT
ARTICLE VIL	INCORPORATOR	PILLED  OCT 31 PM 4: 04  AIIASSEE, FLORD
The <u>name and so</u>	Idress of the Incorporator is:	
Name:	ERIK GONZALEZ	
Address:	8660 W FLAGLER ST STE 207	₩. ±
	MIAMI, FL 33144	<del></del>
Effective date, if (If an effective d days after the fil Note: If the date	ing.)	. (OPTIONAL) unnot be more than five business days prior or 90 business able statutory filing requirements, this date will not be listed as rds.
Having been nan this certificate, I c	ned as registered agent to accept service of pro am familiar with odd accept the appointment a	ocess for the above stated corporation at the place designated in a registered agent and agree to act in this capacity
	LENY_	08/25/2016
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	(Vien	08/25/2016
Requi	red Signature/Incorporator	Date