Division of Corporations **Electronic Filing Cover Sheet** 

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(((H170000157313)))



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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.\*\*

Ema11	Address:	

### FLORIDA PROFIT/NON PROFIT CORPORATION

#### TONI MONTANA INVESTMENT INC

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

N. SAMS

# 4170000157313

#### **COVER LETTER**

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

SUBJECT: TON	II MONTANA INVESTMENT INC	.•	
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	i a check for:
■ \$70.00 Filing Fea		□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	1801 NW 2nd AVE	e (Printed or typed)	·
		Address	
1	POMPANO BEACH, FL 33187		·
•	City	, State & Zip	· ·
,	(754)210-4487		
-	Daytime 1	Telephone number	•
	eiderosdeny111@icloud.com		
<i>;</i> –	E-mail address: (to be use	d for future amoual report	notification)
,			

4170000157313

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

## H170000157313

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

FILED

ARTICLE I NAME The name of the corporat	tion shall be: TONI MONTANA INVESTM	ENT INC	17 JAN 18 PH 3: 26
ARTICLE II PRINC			IALLAHAGUER FLORIDA
POMPANO BEACH, F	L 33060		
ARTICLE III PURPO The purpose for which t	ANY AND the corporation is organized is:	ALL LAWFUL BUSINES:	3
		<del></del>	<del></del>
<u> </u>	· · · · <del>· · · · · · · · · · · · · · · </del>	<u> </u>	
	·		<del></del> `
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	<del></del>		· · · · · · · · · · · · · · · · · · ·
	~— <del>_</del> —		
	L OFFICERS AND/OR DIRECTORS EIDER O MONTANA NIEVES. P	Name and Title:	
Address	1801 NW 2nd AVE	Address:	
	POMPANO BEACH, FL 33060		<del></del>
	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
Name and Title:	zenia quintero fernandez .vp	_ Name and Title:	
Address	1801 NW 2nd AVE	Address:	
	POMPANO BEACH, FL 33060		
,			
Name and Title:		Name and Title:	
Address		Address:	
•			
			·

## H17000015731 3

Name and	d Title:	Name and Title:
Address		Address:
	· · ·	<u> </u>
ARTICLE VI	<i>REGISTERED AGENT</i>  orida_street_address_(P.O. Box NOT acceptable	e) of the registered agent is:
Name:	EIDER O MONTANA NIEVES	,,,
Address:	1801 NW 2nd AVE	
A Partie William	POMPANO BEACH, FL 33060	
ARTICLE VII	INCORPORATOR	
The name and ac	ldress of the Incorporator is:	
Name:	ERIK GONZALEZ	<u> </u>
Address:	8660 W FLAGLER ST STE 207	
	MIAMI, FL 33144	
ARTICLE VIII	EFFECTIVE DATE: 01/17/2017	
Effective date, if	other than the date of filing:    01/17/2017   Other than the date must be specific and callet is listed, the date must be specific and callet is listed.	(OPTIONAL) unot be more than five business days prior or 90 business
days after the fl		
Note: If the date	inserted in this block does not meet the applica	able statutory filing requirements, this date will not be listed as
the document's e	ffective date on the Department of State's recon	rds.
Harben kan was		ncess for the above stated corporation at the place designated in
this certificate, I	am familiar with and facept the appointment a	s registered agent and agree to act in this capacity
	e[]H[a]	01/17/2017
	Required Signature/Registered Agent	Date
I submit this doc	current and affirm that the facts stated herrin	are true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degree f	elony as provided for in s.817.155, F.S.
	0.176	01/17/2017
Requ	ired Senature/Incorporator	Date