Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-638]

From:

Account Name : TRAMILEX LLC Account Number : I20150000035 : (786)469-9163 Fax Number : (305)848-3716

**Enter the email address for this business entiry to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
		

FLORIDA PROFIT/NON PROFIT CORPORATION LOURDES MORALES CORP

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

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COVER LETTER

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

SUBJECT: LOU	TRDES MORALES CORP	1		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the an	ticles of incorporation and	d a check for:	
■ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	LOURDES MORALES Name	(Printed or typed)		
3	1900 SW 78 CT APT 15			
	Address			
.\	MIAMI, FL 33155			
_	City, State & Zip			
C	305)345-4898			
	Daytime Telephone number			
_	E-mail address: (to be used	for future annual report n	otification)	

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	LOURDES MORALES	CORP	
he name of the corpore	LOURDES MORALES		
RTICLE II PRIN			ress, if different is:
MIAMI FL 33155		, <u> </u>	
			
	· · · · · · · · · · · · · · · · · · ·	· · · ·	
ARTICLE III PIJRP	OSE the corporation is organized is: ANY	AND ALL LAWFUL BUSINESS	
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	•		
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			<u></u>
			-
			- ;
RTICLE IV SHAR he number of sheres of	ES 100 stock is:	· · ·	H 9: 27
RTICLE Y INITIA	L OFFICERS AND/OR DIRECTOR	S	
Name and Title	LOURDES MORALES, P 3900 SW 78TH CT APT 15	Name and Title:	
Address	3900 SW 78TH CT AFT 15	Address:	
	MIAMI, FL 33155	Audiess,	
	-		
Name and Title:		Name and Title:	
Address		Address:	
	,		
	- 		
Name and Title:		Name and Title:	
Address		A d.d	
, raw 655		Address:	
			

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Name and Title:		Name and Title:	
Addre	.55\$	Address:	
		<u></u>	
ARTICLE VI	REGISTERED AGENT		
The name and	Fiorida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	LOURDES MORALES		
Address:	3900 SW 78TH CT APT 15		
•	MIAMI, FL 33155		17
ARTICLE VII	INCORPORATOR	- :- :	FEB 17
	address of the Incorporator is:	: 교	17
Name:	ERIK GONZALEZ	H4. 19	를 '
Address:	8660 W FLAGLER ST STE 207		9: 2
	MIAMI, FL 33144		7
Effective date, (If an effective days after the Note: If the da	1ding.)	annot be more than five business days prior or 90 business that graphic statutory filing requirements, this date will not be fixeds.	
Having been no this certificate,	amed as registered agent to accept service of pr I am familiar with and accept the appointment of	ocess for the above stated corporation at the place designs registered agent and agree to act in this capacity	naued In
	moraly	02/17/2017	
	Required Signature/Registered Agent		
I submit this do document to the	ocument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the fulse information submit felony as provided for in s.817.155, F.S.	ned in a
·	and So	02/17/2017	
Requ	iired Signature/Incorporator .	Date	

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