Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

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From:

Account Name Account Number : I20150000086

: TRAMILEX LLC

: .(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 JH CASANOVA SERVICES INC

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

D O'KEEFE

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COVER LETTER

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

SUBJECT: JH CAS	ANOVA SERVICES INC.			
SUBJECT.	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	JPY REQUIRED	
	·			
	SE H. CASANOVA		•	
FROM:	Name (Printed or typed)			
166	SW 130th AVE REAR			
_		Address		
. M I	AMI, FL 33184			
	City	, State & Zip		
. (30	05) 244-8462			
	Daytime '	Telephone number		
		•		
~	E-mail address: (to be us	ed 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)

ICLE IV PURPOSE purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS TICLE IV SHARES number of shares of stock is:	s:
TCLE IV SHARES number of shares of stock is: Name and Title: Address MIAMI, PL 33184 ANY AND ALL LAWFUL BUSINESS TCLE IV SHARES 100 TCLE IV SHARES 100 TCLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address MIAMI, PL 33184	
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Name and Title: JOSE H. CASANOVA. PRESIDENT Address MIAMI, PL 33184 Name and Title: Address: Address:	か で で つ
Name and Title: JOSE H. CASANOVA. PRESIDENT Name and Title: N	ر. سار الا
Address 160 SW 130th AVE REAR Address: MIAMI, PL 33184	<u> </u>
MIAMI, PL 33184	-
Name and Title: Name and Title:	
	 .
Address Address:	
	
Name and Title: Name and Title:	
Address Address:	

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ARTICLE VI REGISTERED AGENT The name and Florids street address (P.O. Box NOT acceptable) of the registered agent is: Name: IOSE H. CASANOVA 160 SW 130th AVE REAR MIAMI, FL 33184 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ERIK GONZALEZ Address: MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: Official of Fling: Official of the date in steed, the date most be specific and cannot be more than tive 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 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O4725/2017 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the fates information submitted if document to the Department of State constitutions a third degree falony as provided for in s. 817.155, F.S. O4725/2017	Name a	nd Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: JOSE H. CASANOVA 160 SW 130th AVE REAR MIAMI, FL 33184 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ERIK GONZALEZ Address: 8660 W FLAGLER ST STE 207 MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: 04/25/2017 (OPTIONAL) (If an effective date, if other than the date of filing: (If an effective date is histed, 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 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the fatse information submitted is document to the Department of State constitution a third degree felony as provided for in 2.817.155, F.S.	Addres	·s	Address:	—
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Name: JOSE H. CASANOVA 160 SW 130th AVE REAR MIAMI, FL 33184 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: ERIK GONZALEZ Name: B660 W FLAGLER ST STE 207 MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: 04/25/2017 (OPTIONAL) (If an effective date, if other than the date of filing: 04/25/2017 (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 in 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity (04/25/2017 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the fatse information submitted is document to the Department of State constitution a third degree felony as provided for in x.817.155, F.S.	ARTICLE VI The name and 1	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
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Name: Relik Gonzalez Befow Flagler St Ste 207 Miami, Fl 33144 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Office 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 standary filing requirements, this date will not be listed 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signsture/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the fatse information submitted is document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
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