P17000042413

Florida Department of State
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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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:** _____

17 MAY 22 AM 8:46
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 22 AM 8:46
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 22 PM 1:25
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION
## GVI SERVICES CORP

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

MAY 23 2017
T. SCOTT

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# COVER LETTER

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

**SUBJECT:** GVI SERVICES 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: GUSTAVO VALLE BENAVIDES
Name (Printed or typed)

10551 SW 21ST LN
Address

MIAMI, FL 33165
City, State & Zip

(305)726-7990
Daytime Telephone number

gusv87@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: GVI SERVICES CORP

***ARTICLE II PRINCIPAL OFFICE***

Principal **street** address
10551 SW 21ST LN
MIAMI, FL 33165

Mailing address, if different is:
SAME ADRESS

***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: GUSTAVO VALLE BENAVIDES, P
Address: 10551 SW 21ST LN
MIAMI, FL 33165

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

17 MAY 22 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: GUSTAVO VALLE BENAVIDES

Address: 10551 SW 21ST LN

MIAMI, FL 33165

***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:***

Effective date, if other than the date of filing: 05/20/2017 . (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 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***

_____ 05/20/2017

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.***

_____ 05/20/2017

Required Signature/Incorporator Date

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May 18, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

,

SUBJECT: NATALIE BARZANA, P.A.
REF: W17000042536

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

P13000035397-NATALIE BARZANA, P.A.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H17000135252
Letter Number: 717A00010019

P.O BOX 6327 - Tallahassee, Florida 32314