Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000172376 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TRAMILEX LLC Account Number : 120150000086 : (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 amail address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Men's Cave Barber Shop Inc

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



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JUN 08 2018

COVER LETTER

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

Men'	s Cave Barber Shop Inc	•		· .
SUBJECT:	(PROPOSED C	ORPORATE	NAME - MUST INCL	JDE SUFFIX)
			•	
Enclosed are an o	original and one (1) copy	of the article	s of incorporation and	ia check for:
₩ \$70.00 Filing Fo	_	tatus:	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
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		į		
,	Anier Perez Perez			•
FROM:		Name (Printed or typed)	
	1211 SW 139th Ave	· .		
		Ac	di c es	
	Miami, Fl 33184	<u>.</u>		
		City; S	tate & Zip	
	(305)316-8221	, . 		
		Daytime Te	lephona number	
			. :	
	E-mail address	s: (to be used	for future annual repor	t notification)

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

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

<u>ICLE II PRINC</u>						
1 SW 139th Ave	Principal <u>street</u> address	1.	SAME A	Mailing address, ADRESS	if different is:	
AMI, FL 33184			<u></u>			
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purpose to: water a	io corporation is organized		,			
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number of shares of	L OFFICERS AND/OR DI Anier Perez Perez. P 1211 SW 139th Ave	<u>IRECTORS</u>	Name and Titl	e:	STATE	9 : 34
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number of shares of FICLE V INITIA Name and Title Address	L OFFICERS AND/OR DE Anier Perez Perez. P 1211 SW 139th Ave Miami, Fl 33184	IRECTORS	Name and Titl Address:		S A I L LORIDA	99 34
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number of shares of TICLE V INITIA Name and Title Address Name and Title Address	Miami, FL 33193	P	Name and Titl Address: Name and Titl Address: Name and Titl	e;	S A I E	9: 34

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Name and	d Title:	Name and Title:	·
Address		Address:	
		<u> </u>	
ARTICLE VI	REGISTERED AGENT	of the registered agent is:	
• –	lorida street address (P.O. Box NOT acceptable) Anier Perez Perez	Of the resister on affair in	
Name:	1211 SW 139th Ave	-	
Address:	MIAMI, FL 33184	 .	
<u>ARTICLE VII</u>	INCORPORATOR		18 JU SECRI TALLA
The <u>name and a</u>	ddress of the Incorporator is:		AND
Name:	ERIK GONZALEZ	_	
Address:	8660 W FLAGLER ST STE 207	_	A A CO
	MIAMI, FL 33144		9: 34 ORIDA
Effective date, i (If an effective days after the i	f other than the date of filing: date is listed, the date must be specific and car filing.) te inserted in this block does not meet the applica effective date on the Department of State's record	ble statutory filing requirements,	
	amed as registered agent to accept service of pro- I am familiar with and accept the appointment as	ess for the above stated corpora	tion at the place designated in t in this capacity 06/07/2018
	Required Signature/Registered Agent		Date
I submit this d	ocument and affirm that the facts stated herein e Department of State constitutes a third degree f	are true. I am aware that the fai clony as provided for in s.817.153	ise information submitted in a I, F.S.
PATPHALITATION IN THE	11/1/1		06/07/2018
Rec	puired Signature/Incorporator	<u> </u>	Date
			,