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Division of Corporations

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From:

Account Name : TRAMILEX LLC
Account Number : 120150000036
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: | | | |
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FLORIDA PROFIT/NON PROFIT CORPORATION DSAA SERVICES CORP

| PRINCES OF THE BOOK SEASON SEASON AND PROPERTY OF THE PROPERTY | | | |
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COVER LETTER

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

| SUBJECT: DS. | AA SERVICES CORP | | |
|-----------------------|--|-------------------------------------|---|
| SUBJECT: | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
| | | | |
| Enclosed are an | original and one (1) copy of the arti | cles of incorporation and | i a check for: |
| ■ \$70.0 Filing Fe | 90 \$78.75 ee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, |
| | te continuit of simils | & Columna Copy | Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | David Perez Brito | | |
| | | (Printed or typed) | |
| | 6620 NW 173th LN | | |
| | A | ddress | |
| | Hialeah, Fl 33015 | | |
| | City, | State & Zip | |
| | (786)419-5472 | | |
| | Daytime Te | lephone number | |
| | Durall add | | |
| | E-mail address: (to be used | tor future annual report r | votification) |

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

E OFS 00500031H

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

| <u>CLE U PRII</u> NW 173th LN | VCIPAL OFFICE Principal street address | Mailing address, if difference SAME ADRESS | nt is: |
|--|--|--|--------|
| ah, Fl 33015 | | | |
| CLE III PUR. | the corporation is organized is: | AND ALL LAWFUL BUSINESS | |
| | | | |
| | | | |
| | | | |
| CLE V INIT | of stock is: | | |
| umber of shares o | of stock is: CAL OFFICERS AND/OR DIRECTO | | |
| umber of shares of CLE V INITA Name and Tit | of stock is: CAL OFFICERS AND/OR DIRECTO | Name and Title: | |
| umber of shares of CLE V INITA Name and Tit | Inse M. Garcia Monthel, V. | Name and Title:Address: | |
| umber of shares of CLE V INITA Name and Tit Address | Inse M. Garcia Monthel, V. | Name and Title: | |
| omber of shares of CLE V INITA Name and Tit Address Name and Titl | IAL OFFICERS AND/OR DIRECTOR Be: 6620 NW 173th LN Hialeah, Fl 33015 Jose M. Garcia Monrabal. V | Name and Title: | |
| omber of shares of CLE V INITA Name and Tit Address Name and Titl | Install A costa Facerdo, T | Name and Title: | |
| Mame and Titl Address Name and Titl Address | IAL OFFICERS AND/OR DIRECTOR LAL OFFICERS AND/OR DIRECTOR David Perez Brito. P 6620 NW 173th LN Hialeah, Fl 33015 Bissel M. Garcia Monrabal. V 6620 NW 173th LN Hialeah, Fl 33015 Jassel Acosta Fagardo. T 6620 NW 173th LN | Name and Title: Address: Name and Title: Address: | |

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| Name | and little: | Name and Title: |
|---------------------|---|---|
| Address | | Address: |
| | | |
| · | | |
| | | · |
| | REGISTERED AGENT | |
| The <u>name and</u> | Florida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | David Perez Brito | <u></u> |
| Address: | 6620 NW 173th LN | |
| | Hialeah, Fl 33015 | |
| ADTIČI E VII | INCORPORATOR | |
| _ | address of the Incorporator is: | · |
| Name: | ERIK GONZALEZ | |
| Address: | 8660 W FLAGLER ST STE 207 | enter (|
| | MIAMI, FL 33144 | |
| • | | |
| | if other than the date of filing: | (OPTIONAL) |
| | date is listed, the date must be specific and can | (OPTIONAL) not be more than five business days prior or 90 business |
| | | le statutory filing requirements, this date will not be listed as |
| he document's | effective date on the Department of State's record | i. |
| | amed as registered agent to accept service of proce I am familiar with and accept the appointment as t | ess for the above stated corporation at the place designated registered agent and agree to act in this capacity |
| | David Poris | 07/10/2018 |
| | Required Signature/Registered Agent | Date |
| l submit this de | ocument and affirm that the facts stated herein a | re true. I am aware that the false information submitted in |
| tocument to the | e Department of State constitutes a third degree fel | ony as provided for in s.817.155, F.S. |
| | (du 4°C | 07/10/2018 |
| Req | uired Signature Incorporator | Date |