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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC Account Number : 120150000086

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:	 	

FLORIDA PROFIT/NON PROFIT CORPORATION

LMD SOCIAL CORP

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COVER LETTER

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

Miemi, Fl 33155

(305)345-4898

SUBJECT: LMD SO	CIAL CORP	TE NAME - MUST INCLU	JDE SUFFIX)
Enclosed are an original \$70.00 Filing Fee	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	urdes Morales Denis	(Driesed on typed)	
390	Nam to SW 78th CT Apt 15	e (Printed or typed)	

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

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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ARTICLES OF INCORPORATION

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

	incipal <u>street</u> address	Mailing address SAME ADRESS	
			
ami, Fl 33155			<u> </u>
TICLE III PURPOS	E corporation is organized is: ANY A	ND ALL LAWFUL BUSINESS	
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RTICLE V <u>INITIA</u>	L OFFICERS AND/OR DIRECTOR	Ž.	
RTICLE V <u>INITIA</u>	LOFFICERS AND/OR DIRECTOR Lourdes Morales Denis. P	Name and Title:	
RTICLE V <u>INITIA</u>	LOFFICERS AND/OR DIRECTOR Lourdes Morales Denis. P	Name and Title:	
Name and Title	LOFFICERS AND/OR DIRECTOR Lourdes Morales Denis. P	Name and Title: Address:	
Name and Title	LOFFICERS AND/OR DIRECTOR Lourdes Morales Denis. P 3900 SW 78th CT Apt 15 Miami, Fl 33155	Name and Title: Address:	
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Name a	and Title:	Name and Title:
Addre	\$\$	Address:
	·	
ARTICLE VI	REGISTERED AGENT	•
The name and	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Lourdes Morales Denis	
Address:	3900 SW 78th CT Apt 15	
	Miarni, FL 33155	
ARTICLE IZI	INCOPPORATOR	SEP
AKIICLE VII	<u>INCORPORATOR</u>	To the second se
The name and	address of the Incorporator is:	
Name:	ERIK GONZALEZ	: -o
Address:	8660 W FLAGLER ST STE 207	— — — • 0
	MIAMI, FL 33144	
Effective date		. (OPTIONAL) innot be more than five husiness days prior or 90 business
Note: If the d		able statutory filing requirements, this date will not be listed as rds.
Having been t this certificate,	named as registered agent to accept service of pro I am familiar with and accept the appointment to	ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	Now Pl	09/04/2018
	Required Signature/Registered Agent	Date
I submit this o	document and affirm that the facts stated herein he Department of State constitutes a third degree	are true. I am aware that the false information submitted in
афсители 10 11	ne Department of Suite Constantes a that a tregice	
	Get de	09/04/2018
Re	quired Signature/Incorporator	Date