Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 517-6381

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:

FLORIDA PROFIT/NON PROFIT CORPORATION

YMQ EXPORTS INC

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

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: YMQ E	EXPORTS INC		
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFF(X)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:		e (Printed or typed)	
	34 Harding Ave Apt 4	Address	
Mi	ami Beach, Fl 33141	Addiess	
	City	, State & Zip	
(78	6)516-1286		
	Daytime 7	Telephone number	
yuly	ybmq89@gmail.com		
	E-mail address: (to be use	d 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)

CICLEI NAME	tion shall be: YMQ EXPORTS INC	
e name of the corporat	non shall be:	
<u>RTIÇLE II PRINC</u>		
834 Harding Ave Apt	Principal <u>street</u> address	Mailing address, if differen SAME ADRESS
iami Beach, Fl 33141		OTBNE TESTERO
RTTCLE III PURPO	<u>OSE</u> ANY ANI ne corporation is organized is:	D ALL LAWFUL BUSINESS
te purpose for willow a	te corporation 13 organized 13.	
		
·		
	L OFFICERS AND/OR DIRECTORS Yuly B. Martinez Quintana. P	
Name and Title	:	Name and Title:
Address	6834 Harding Ave Apt 4	Address:
	Miami Beach, Fl 33141	
Name and Title		Name and Title:
LAMBIC SEG THE		INBILE BUG THEE:
Address		Address:
		
Nt 1771		
Name and Title:		Name and Title:
Address		Address:
		<u> </u>
		
		

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Name a	ınd Title:	Name and Title:	
Addres	555	Address:	
			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	e) of the registered opent is:	
Name:	Yuly B. Martinez Quintana	oy or the registrated agent is.	
Address:	6834 Harding Ave Apt 4	_	
	Miami Beach, Fl 33141		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	ERIK GONZALEZ		
Address:	8660 W FLAGLER ST STE 207		
	MIAMI, FL 33144		
ARTICLE VIII Effective date, if (If an effective days after the f	EFFECTIVE DATE: 02/25/2019 f other than the date of filing: date is listed, the date must be specific and cating.)	. (OPTIONAL) nnot be more than five business days prior or 90 busin	ness
Note: If the dat	e inserted in this block does not meet the applicate feeture date on the Department of State's reconstructions.	able statutory filing requirements, this date will not be list ds.	ted as
Having been na this certificate, I	am familiar fith and focept the appointment a	cess for the above stated corporation at the place design s registered agent and agree to act in this capacity	ated in
	July Most My	02/25/2019	
	Required Signature/Registered Agent	Date	
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes of third-degree f	are true. I am aware that the false information submitte elony as provided for in s.817.15S, F.S.	ed in a
	- (hens 4 2	02/25/2019	
Requ	ired Signature Incorporator	Date	