Division of Corporations Electronic Filing Cover Sheet

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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)849-3716

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

Ensemble Sound Inc

Certificate of Status	0
Certified Copy	0
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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: Ense	emble Sound Inc			
SCHOLET.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an o	original and one (1) copy of the art	ticles of incorporation an	d a check for:	
\$70.0	0 🗖 \$78.75	\$78.75	□ \$87.50	
Filing Fe	e Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
		<u> </u>	 	
FROM:	Eduardo Perez Gonzalez			
i Rowi.	Nam	e (Printed or typed)		
	18111 NW 68th Ave Apt F102			
,		Address		
	Hialeah, Fl 33015			
	City	, State & Zip		
	(305)609-6067			
	Daytime Telephone number			
	eddyensemble@gmail.com			
-	E-mail address: (to be use	ed for future annual report	notification)	

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

14190000 65889 3

ARTICLES OF INCORPORATION

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

TRTICLE I NAM The name of the corpor	Ensemble Sound Inc	
RTICLE II PRIN 8111 NW 68th Ave Iialeah, Fl 33015	ICIPAL OFFICE Principal street address Apt F102	Mailing address, if different is: SAME ADRESS
RTICLE III PURI he purpose for which	COSE ANY A the corporation is organized is:	AND ALL LAWFUL BUSINESS
RTICLE IV SHAI	DEC	
he number of shares o	of stock is:	
Address	18111 NW 68th Ave Apt F102	Name and Title: Address:
Name and Title	<u> </u>	Name and Title:
Address		
Name and Title		Normand Till
Address	·	Name and Title:Address:

H19000065884 3

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Eduardo Perez Gonzalez	- •	
Address:	18111 NW 68th Ave Apt F102	_	
	Hialeah, Fl 33015		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	ERIK GONZALEZ	_	
Address:	8660 W FLAGLER ST STE 207		
	MIAMI, FL 33144	_	
Effective date,	TEFFECTIVE DATE: 16 other than the date of filing: 17 date is listed, the date must be specific and can filing.)	. (OPTIONAL) not be more than five business	days prior or 90 business
	te inserted in this block does not meet the applicab effective date on the Department of State's record.		this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proci I am familiar with and accept the appointment as t	ess for the above stated corpora registered agent and agree to act	tion at the place designated in in this capacity
			02/25/2019
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein at the Department of State constitutes a third degree fel	re true. I am aware that the fak ony as provided for in s.817.155,	se information submitted in a , F.S.
	U.U.		02/25/2019
Req	uired Signature moon of ator		Date
	/		