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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)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 Ad	idress:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION **GLEZMR SERVICES CORP**

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### **COVER LETTER**

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

SUBJECT: GLEZM	IR SERVICES CORP		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFLX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	- · · ·	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	PY REQUIRED
FROM: OL	GA L MIRANDA RICARDO Nam	e (Printed or typed)	
135	41 SW 11th TERR		
		Address	
Mic	ami, FL 33184		
	City	, State & Zip	
(30	5)549-0331		
	Daytime 1	Telephone number	
<del></del> -	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)

The name of the corporati	ion shall be: GLEZMR SERVICES CORP		
ARTICLE II PRINCE	IPAL OFFICE Principal <u>street</u> addr <del>e</del> ss	Mailing address, if different is: SAME ADRESS	
Miami, FL 33184		<del></del>	
	NE ANY AND excorporation is organized is:	ALL LAWFUL BUSINESS	
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			AP
			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	<u>,</u>		——————————————————————————————————————
			8 AH 7: 54
<u> </u>			7 5
			5 S
	OLGA L MIRANDA RICARDO. P	Name and Title:	
Address	13541 SW 11th TERR	Address:	
	Miami, FL 33184		
		_	
Name and Title:		Name and Title:	
Address		Address:	
			<del>-</del>
	,		
Name and Title:	:	Name and Title:	
Address		Address:	
		<del></del>	
		_	

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Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT	a) of the renicted agent is:	•
	Florida street address (P.O. Box NOT acceptable OLGA L MIRANDA RICARDO	e) of the register to agent is.	1 <b>6 €</b> 1
Name:	13541 SW 11th TERR	_	Sign o
Address:	Miami, FL 33184		ARY OF Property of
			* 700 S
ARTICLE VII	INCORPORATOR		5.
The pame and :	address of the Incorporator is:		<del>-</del> 5.
Name:	ERIK GONZALEZ		
Address:	8660 W FLAGLER ST STE 207		
	MIAMI, FL 33144	_	
Effective date, (If an effective days after the Note: If the dathe document's	if other than the date of filing.  date is listed, the date must be specific and cafiling.)  the inserted in this block does not meet the applicate effective date on the Department of State's reconstruction of the date of	able statutory filing requirements, this dat dats.	e will not be listed as the place designated in
this certificate,	I am Jamiliar with and accept the appointment in		5/2019
Required Signature/Registered Agent			Date
I submit this d document to th	ocument and affirm that the facts stated herein to Department of State constitutes a shird degree f	are true. I am aware that the false info Telony as provided for in s.817.155, F.S.	mation submitted in a
	1/4/16	04/1	6/2019
Rec	quired afficience inco possibly		Date

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