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)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 LIUKSHAN SERVICES CORP

Certificate of Status	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: LIUKSI	HAN SERVICES CORP		
30130ECT	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal 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	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUI	
FROM: LN	JKSHAN SERVICES CORP	e (Printed or typed)	
936	5 SW 44ቲ ST		
		Address	
Mis	umi, FL 33165		
<del></del>			
(30.	5)495-5121		
_	Daytime 1	elephone number	
	E-mail address: (to be use	d for future annual report	notification)

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

4190001383463

### 14190001383463

#### ARTICLES OF INCORPORATION

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

Q365 SW 44th ST	FICE street address	Mailing address SAME ADRESS	, if different is:
Miami, FL 33165			
ARTICLE III PURPOSE The purpose for which the corporat		Y AND ALL LAWFUL BUSINESS	
ARTICLE IV SHARES 10 The number of shares of stock is:			1- AVM 61
ARTICLE V INITIAL OFFICE  Name and Title: Liukshan		RS Name and Title:	10 (P)
9365 SW	44th ST		ે ે
		<del></del>	
		Name and Title:	
Address		Address:	
		N	
Name and Title:		Name and Title:	<del></del>

## 4190001383463

Name ar	nd Title:	Name and Title:	
Addres	5	Address:	
ADDICE SELVE	DECIGTERED ACENT		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Liukshan Cardoso Carralero	<u> </u>	
Address:	9365 SW 44th ST	<b></b>	
	Miami, Fl 33165		 ∀.y.
ARTICLE VII	INCORPORATOR		25 CH
The name and a	address of the Incorporator is:	 ::-	. C0%
Name:	ERIK GONZALEZ	PH 2: 05	P027
Address:	8660 W FLAGLER ST STE 207		450
	MIAMI, FL 33144		ē.
Effective date, i (If an effective days after the f	filing.)	(OPTIONAL)  nnot be more than five business days prior or 90 busin  ble statutory filing requirements, this date will not be listed.	
		cess for the above stated corporation at the place designa registered agent and agree to act in this capacity	zted in
	Required Signature/Registered Agent	05/01/2019 Date	
	ocument and affirm that the facts stated herein	are true. I am aware that the false information submitte	ed in a
	Pepartment of State constitutes a third degree for	elony as provided for in s.817.155, F.S.	
Dage	uired Sissistiure Theorprorator	05/01/2019 Date	
K.EUI	EU CO O DANGULARINCO I DOLIZIO I	Date	