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Florida Department of State
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 : 120150000086
Phone : (786)469-9163
Fax Number : (305)848-3716

19 JUN -6 PM 3:53

****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
LED F TECH CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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N. SAMS

JUN 07 2019

Electronic Filing Menu

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: LED F TECH CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy

☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FRANK CRUZ PEREIRA

Name (Printed or typed)

2652 SW 149th PL

Address

MIAMI, FL 33185

City, State & Zip

(754)207-1652

Daytime Telephone number

frankcruzpereira@gmail.com

E-mail address: (to be used 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)

ARTICLE I NAME LED F TECH CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
2652 SW 149th PL.
MIAMI, FL 33185

Mailing address, if different is:
SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANK CRUZ PEREIRA. P

Name and Title: _____

Address 2652 SW 149th PL
MIAMI, FL 33185

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY'S OFFICE
F.D.C. 300

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: FRANK CRUZ PEREIRA
Address: 2652 SW 149th PL
MIAMI, FL 33185

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANK CRUZ PEREIRA
Address: 2652 SW 149th PL
MIAMI, FL 33185

ARTICLE VIII EFFECTIVE DATE: 06/06/2019

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]
Required Signature/Registered Agent

06/06/2019

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

06/06/2019

Date

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