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To: Division of Corporations  
Fax Number : (850) 617-6361

From: Account Name : TRAMILEX LLC  
Account Number : 120150000086  
Phone : (786) 469-9163  
Fax Number : (305) 948-3716

**\*\*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  
INVERSIONES LFS CA CORP**

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

2019 JUN 11 PM 12:00

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**COVER LETTER**

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

19 JUN 11 10:13 24  
FILING SECTION  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

**SUBJECT:** INVERSIONES LFS CA 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:** FRED K LEON

Name (Printed or typed)

11551 LAKESIDE DR APT 7202

Address

MIAMI, FL 33178

City, State & Zip

(786)956-5296

Daytime Telephone number

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** INVERSIONES LFS CA CORP

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15551 LAKESIDE DR APT 7202

MIAMI, FL 33178

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: FRED K LEON. P

Name and Title: \_\_\_\_\_

Address 15551 LAKESIDE DR APT 7202

Address: \_\_\_\_\_

MIAMI, FL 33178

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: FRED K LEON  
Address: 15551 LAKESIDE DR APT 7202  
MIAMI, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

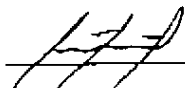
Name: FRED K LEON  
Address: 15551 LAKESIDE DR APT 7202  
MIAMI, FL 33178

**ARTICLE VIII EFFECTIVE DATE:** 06/11/2019 (OPTIONAL)  
Effective date, if other than the date of filing: \_\_\_\_\_

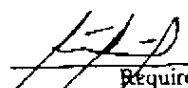
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 \_\_\_\_\_ 06/11/2019  
Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 06/11/2019  
Required Signature/Incorporator Date

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