Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 517-6391

From:

Account Name : TRAMILEX LLC Account Number : I20150000086 : (786)469-9163 Phone : (305)848-3716 Fax Number

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

SC PRAGA CORP

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COVER LETTER

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

SUBJECT: SC F	PRAC	GA CORP		
SUBJECT:	•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		1 1 /1\	i-l-s of incompanting and	d a check for
Enclosed are an o	ongu	nal and one (1) copy of the art	icles of incorporation and	a check for.
■ \$70.0 Filing Fe		☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
			ADDITIONAL CO	Status OPY REQUIRED
			· · · · · · · · · · · · · · · · · · ·	
ED OM.	SER	tgio a. Ossa Osorio		
FROM:		Nam	e (Printed or typed)	
	1062	24 NW 122ND ST		
			Address	
	MLA	AMI, FL 33178		
		City	, State & Zip	
	(786	5)801-4714		
		Daytime '	Telephone number	
		E-mail address: (to be us	ed for future annual report	notification)

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

H19000306229 3

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

	PAL OFFICE rincipal street address	Mailing add	ress, if different is:
MIAMI, FL 33178			
	SE a corporation is organized is:	ALL LAWFUL BUSINESS	
			SECONDIA ALLAN
	S 100 tock is: L OFFICERS AND/OR DIRECTORS		15 AM 6: 08 ARY OF STAIL ASSEE, FLORIDA
Name and Title		Name and Title:	
Address	10624 NW 122ND ST	Address:	
	MIAMI, FL 33178		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:			

4190003062293

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTER <u>ED AGENT</u>	
The name and F	lorida street address (P.O. Box NOT accep SERGIO A. OSSA OSORIO	table) of the registered agent is:
Name:	10624 NW 122ND ST	
Address:	MIAMI, FL 33178	
<u>ARTICLE VII</u>	INCORPORATOR	19 OCT
The name and a	ddress of the Incorporator is:	ASS.
Name:	SERGIO A. OSSA OSORIO	
Address:	10624 NW 122ND ST	# 6: 08
	MIAMI, FL 33178	
Effective date, i (If an effective days after the i	iting.)	od cannot be more than five business days prior or 90 business oplicable statutory filing requirements, this date will not be listed as
Having been no this certificate,	rmed as registered agent to accept service of I am familiar with and accept the appointm	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
	c ØP)	10/15/2019
	Required Signature/Registered A	gent Date
I submit this do	ocument and affirm that the facts stated his Department of State constitutes a third de	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
	450	10/15/2019
Req	uired Signature/Incorporator	Date