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Division of Corporations

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From:

Account Name : TRAMILEX LLC

Account Number : 120150000086

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.

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FLORIDA PROFIT/NON PROFIT CORPORATION

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COVER LETTER

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

SUBJECT: RANKO	DD SOLUTIONS CORP		
30000C1	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d a check for:
¶\$70.00 Filing F ee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	NDY RODRIGUEZ	e (Printed or typed)	
331	1 ANDREA ST		
		Address	
SAI	RASOTA, FL 34235		
	City	State & Zip	
954	330-4186		
_	Daytime 1	Celephone number	
	E-mail address: (to be use	d for future annual report i	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)

ANDREA ST	NCIPAL OFFICE Principal street address	Mailing address, if different is: SAME ADRESS
ASOTA, FL 342		
CIEDI DUD	POSE AN'the corporation is organized is:	Y AND ALL LAWFUL BUSINESS
	of stock is:	PRS
CLE V INII Name and Ti	of stock is: *** **IAL OFFICERS AND/OR DIRECTO** tle: **RANDY RODRIGUEZ. P	Name and Title:
umber of shares	of stock is:	Name and Title:
umber of shares of the control of th	TAL OFFICERS AND/OR DIRECTO tle: 3311 ANDREA ST	Name and Title: Address:
CLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTO tle: SARASOTA, FL 34235 le: Le: Residue:	Name and Title: Address: Name and Title:
CLE V INIT Name and Ti	TAL OFFICERS AND/OR DIRECTO tle: 3311 ANDREA ST SARASOTA, FL 34235	Name and Title: Address: Name and Title:
CLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTO tle: SARASOTA, FL 34235 le: Le: Residue:	Name and Title: Address: Name and Title:
Name and Tit Address Address	IAL OFFICERS AND/OR DIRECTO tle: RANDY RODRIGUEZ. P 3311 ANDREA ST SARASOTA, FL 34235	Name and Title: Address: Name and Title:

H19000 339996 3

Name	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptal	
Name:	RANDY RODRIGUEZ	ne) of the registered agent 15:
Address:	3311 ANDREA ST	
	SARASOTA, FL 34235	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
Name:	RANDY RODRIGUEZ	
Address:	3311 ANDREA ST	
	SARASOTA, FL 34235	
Effective date, i (If an effective days after the i	filing.)	. (OPTIONAL) annot be more than five business days prior or 90 business table statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's reco	rds.
Having been no this certificate, i	amed as registered agent to accept service of pr I am familiar with and accept the appointment t	ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity
	PQ	12/03/2019
	Required Signature/Registered Agent	Date
I submit this do document to the	ecument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	LV	12/03/2019
Reat	uired Signature/Incorporator	Date