Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

Account Name : TRAMILEX LLC

Account Number : 120150000086 : (786)469-9163 Phone

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	Addre	83:	

FLORIDA PROFIT/NON PROFIT CORPORATION V & S MACHINERY CORP

	THE RESERVE AND VALUE AND ADDRESS OF THE PARTY.
Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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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:	MACHINERY CORP (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art		
\$70.00 Filing Fee	□ \$78.7 5	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: _	IOVANNI NANI BAGNATO Nan	ne (Printed or typed)	
12	.783 NW 11th PL	Address	
SI —	UNRISE, FL 33323	y, State & Zip	
(3	05)844-8478 Daytime	Telephone number	
	E-mail address: (to be us	sed for future annual repor	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)

TICLE II PRINCI	PAL OFFICE	Mailing address, if different is	ı:
	Principal <u>street</u> address	SAME ADRESS	
INRISE, FL 33323			
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TICLE III PURPO	SE ANY AND are corporation is organized is:	ALL LAWFUL BUSINESS	
e purpose to timess a			
			
			20 JAN
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	ES 100		
RTICLE IV SHAR he number of shares of	<u>ES</u> 100 stock is:		$\frac{1}{3}$
he number of shares of	stock is:		
he number of shares of	stock is: 4L OFFICERS AND/OR DIRECTORS		13 P¥ 9ª
he number of shares of	Stock is: 41. OFFICERS AND/OR DIRECTORS GIOVANNI NANI BAGNATO. P	Name and Title:	13 PH 9
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he number of shares of	Stock is: 41. OFFICERS AND/OR DIRECTORS GIOVANNI NANI BAGNATO. P	Name and Title:	13 P# 9# 13
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Name and	Title	Name and Title:
Address		
ADTICLE VI P	EGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) o	f the registered agent is:
	GIOVANNI NANI BAGNATO	_
Name: Address:	12783 NW 11th PL	_
Address.	SUNRISE, FL 33323	_
<u>ARTICLE VII _ I</u>	NCORPORATOR	
The name and ad-	dress of the Incorporator is:	
	GIOVANNI NANI BAGNATO	
Name:	12783 NW 11th PL	_
Addr e ss:	SUNRISE, FL 33323	_
		_
ARTICLE VIII	EFFECTIVE DATE: 01/13/2020 other than the date of filing:	(OPTIONAL)
Effective date, if	other than the date of filing:	not be more than five business days prior or 90 business
days after the fil	ing.)	
Note: If the date	inserted in this block does not meet the applicab	le statutory filing requirements, this date will not be listed as
the document's e	ffective date on the Department of State's record	S.
Having been nar	ned as registered agent to accept service of proce	ess for the above stated corporation at the place designated in
this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as	registered agent and agree to
		01/13/2020
	Required Signature/Registered Agent	Date
I submit this do		ire true. I am aware that the false information submitted in a long as provided for in s.817.155, F.S.
document to the	Department of State constitutes a tribu degree je	01/13/2020
Regu	ired Signature Incorporator	Date

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