Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H200000541673)))



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T¢:	Division of Corporations Fax Number : (850)617-6381	575 T ; 625 T	HJ SI 83
From:	Account Name : TRAMILEX LLC Account Number : I20150000086 Phone : (786)469-9163 Fax Number : (305)848-3716	CAL BA	3: 05

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION DWAY TRANSPORT CORP

Certificate of Status	0
Certified Copy	0
age Count	01
stimated Charge	\$70.00
Summer Out 5	تزييد كانست

20FEB 18 AM II: 12

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: DW	AY TRANSPORT CORP			
SUBJECT:	(PROPOSED CORPORA	IE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	_
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:	
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Andy Reyes Oramas		TAI AI	20 FEB
r Kowi.	Name	(Printed or typed)	7.53 e	3 - 2
	2769 10th Ave North #205		102	
Address				PM 3: 08
	Palm Springs, FI 33461		第元	20
City, State & Zip				
	(561)312-0846			
Daytime Telephone number				
	E-mail address: (to be use	d for future annual report	notification)	

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

H200000541673

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporat	ion shall be:) 	,
ARTICLE II PRINCIPAL OFFICE Principal street address 2769 10th Ave North #205		Mailing address, if different is: SAME	
Palm Springs, Fl 33461		-	
ARTICLE III PURPO The purpose for which th	SE ANY AND corporation is organized is:	ALL LAWFUL BUSINESS	
			20 FE
	ES 100 stock is: L OFFICERS AND/OR DIRECTORS		B 10 PM 3: 08
Name and Title	Andy Reyes Oramas. P	Name and Title:	. •
Address	2760 10th Ava North #205	Address:	
	Palm Springs, Fl 33461		
Name and Title	:	Name and Title:	
Address			
	:		
Address		Address:	

H1000005416+3

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE YI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Andy Reyes Oramas		
Address:	2769 10th Ave North #205		
	Palm Springs, Fl 33461		20 31.4 7AL
			, ————————————————————————————————————
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	address of the Incorporator is:		
	Andy Reyes Oramas		<u>-</u>
Name:	2769 10th Ave North #205		3. G
Address:	Palm Springs, Fl 33461		
		-	
Effective data	FEFFECTIVE DATE: 02/17/2020 of other than the date of filing:	(ОРПОN	AL)
(If an effective	date is listed, the date must be specific and c	annot be more than five bus	siness days prior or 90 business
days after the	filing.)		
Note: If the dathe document's	te inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requiremords.	nents, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of pr I am familiar with and accept the appointment	ocess for the above stated con as registered agent and agree	rporation at the place designated in to act in this capacity
	0.~P)		02/17/2020
	Required Signature/Registered Agen	t	Date
I submit this di document to the	ocument and affirm that the facts stated hereiv e Depafiment of State constitutes a third degree	are true. I am aware that to felony as provided for in s.81	he false information submitted in a 7.155, F.S.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A.		02/17/2020
Rea	purfed Signature/Incorporator		Date