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(((H20000061431 3)))



To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC
Account Number : I20150000086
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 EMMANUEL FASHIONS CORP

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COVER LETTER

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

SUBJECT: EMP	MANUEL FASHIONS CORP				
50bdc1	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u> I	DE SUFFIX)		
Enclosed are an o	original and one (1) copy of the artic	eles of incorporation and	a check for:		
■ \$70.00 Filing Fed	578.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COP	Y REQUIRED		
FROM:	JORGE G. GONGAR Name	(Printed or typed)			
	14774 SW 56th ST				
Address					
]	MIAMI, FL 33185				
-	City, State & Zip				
((786)286-2826				
_	Daytime Telephone number				
_	E-mail address: (to be used	for future annual report no	tification)		

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)

The name of the corpora	tion shall be:	ONS CORP	
ARTICLE II PRINC			
	Principal street address		Mailing address, if different is:
14774 SW 56th ST		SAME A	DRESS
MIAMI, FL 33185			
		<u> </u>	·
ARTICLE III PURPO	<u>OSE</u> he corporation is organized is:	Y AND ALL LAWFUL B	USINESS
The purpose for which t	ne corporation is organized is.		
			
			
		<u> </u>	
ARTICLE IV SHAR	ES 100		
The number of shares of	stock is:		
<u>ARTICLE V INITIA</u>	<u>IL OFFICERS AND/OR DIRECTO</u>		
Name and Title	JORGE G. GONGAR . P	Name and Title	:
A 24-00	14774 SW 56th ST		
Address	MIAMI EI 22195	Address:	
	MIAMI, FL 33185		
		· 	
Name and Title	·	Name and Title	•
1 value care X (sic			' <u></u>
Address		Address:	
		 _	
			
Name and Title	·	Name and Title	·
Address		Address:	
, (200 co)			
			

H2000000 6143/ 3

Name	and Title:	Name and Title:	
Addre		Address:	
	REGISTERED AGENT		
The <u>name and</u> Name:	Florida street address (P.O. Box NOT acception JORGE G. GONGAR	stable) of the registered agent is:	7. Zu
Address:	14774 SW 56th ST		2020 FEB 2
	MIAMI, FL 33185		B 24 ASSE
<u>ARTICLE VII</u>	INCORPORATOR		<u> </u>
The name and	address of the Incorporator is:		03.00 7.50 7.50
Name:	JORGE G. GONGAR		~ N
Addr e ss:	14774 SW 56th ST		
	MIAMI, FL 33185		
Effective date,	<u>I EFFECTIVE DATE:</u> if other than the date of filing: date is listed, the date must be specific and filing.)	. (OPTIONAL d cannot be more than five busin) ess days prior or 90 business
Note: If the dathe document's	ite inserted in this block does not meet the appeter of State's refrective date on the Department of State's r	plicable statutory filing requirement ecords.	ts, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of I am familiae with and accept the appointme	process for the above stated corport nt as registered agent and agree to	oration at the place designated in act in this capacity
			02/22/2020
	Required Signature/Registered Ag	ent	Date
I submit this de document to the	ocument and affirm that the facts stated her e Department of State constitutes a third degr	ein are true. I am aware that the ee felony as provided for in s.817.1	false information submitted in a 55, F.S.
) uh/		02/22/2020
Req	uired Signature/Incorporator		Date