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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : TRAMILEX LLC Account Number : I20150000086 : (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	Address:					
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### FLORIDA PROFIT/NON PROFIT CORPORATION SERINA BEAUTY CORP

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### **COVER LETTER**

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

SUBJECT: SEI	RINA BEA	AUTY CORP			
JUDGEC1	<del></del>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original	and one (1) copy of the ar	ticles of incorporation and	d a check for:	
<b>■ \$70.</b> 0 Filing Fo	œ F	\$78.75 ling Fee Certificate of Status	& Certified Copy	& Certificate of Status	
			ADDITIONAL CO	PY REQUIRED	
FROM		S MILIAN Nam	e (Printed or typed)		
	7287 W FLAGLER ST				
			Address	·	
	MIAMI,	FL 33144			
		City	, State & Zip		
	(786)447				
		Daytime	Telephone number		
		E-mail address: (to be use	ed for future annual report	notification)	

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

# 4200001569953

#### ARTICLES OF INCORPORATION

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

RTICLE II PRINCIPAL OFFICE PUTDING INTEREST STREET  ALAMIL FL 33144  RTICLE III PURPOSE The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS  ANY AND ALL LAWFU	he name of the corp	ME SFRINA BEAUTY COR oration shall be:	·	
RTICLE IV SHARES The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS  RTICLE IV SHARES The number of shares of stock is:  RTICLE V INITIAL OFFICERS AND FOR DIRECTORS  Name and Title:  Address  Name and Title:  Address  Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Address:		Principal street address	01100	
RTICLE IV SHARES the purpose for which the corporation is organized is:  RTICLE IV SHARES the number of shares of stock is:  RTICLE V INITIAL OFFICERS AND ADDR DIRECTORS  Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address  Address  Address  Address  Address  Address  Address  Address				
RTICLE IV SHARES  be number of shares of stock is:  RTICLE V INITIAL OFFICERS AND AOR DIRECTORS  Name and Title:  DARSYS MILIAN. P  Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:  Address  Name and Title:  Address  Address:	RTICLE III PUI	RPOSE the the corporation is organized is:		
RETICLE IV SHARES  the number of shares of stock is:  RETICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  DARSYS MILIAN. P  Name and Title:  Address:  MIAMI, FL 33144  Name and Title:  Address:  Name and Title:  Address:  Address:  Address:				<del>-</del>
Name and Title:  Address  DARSYS MILIAN. P Name and Title:  Address:  Name and Title:  Name and Title:  Address:  Address:  Address:  Address:	RTICLE IV _SH	ARES 100		2828 MAY SEERLI FALL AHA
Address  7287 W FLAGLER STREET  Address:  MIAMI, FL 33144  Name and Title:  Address  Address:  Address:				27 \$80.
Name and Title:  Address  Address		7287 W FLAGI FR STREET		<b>%</b> :-
Name and Title:				
	Name and T			
	Address		Address:	
Name and Title: Name and Title:	Name and T			
Address:	Address		Address:	

#### To: Page 5 of 5

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Name ar	nd Title:	Name and Title:	
Address		Address:	
		<del></del>	
	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable	a) at the registered agent is:	<u>}</u> 3:
Name:	DARSYS MILIAN	e) of the registered again is.	
Address.	7287 W FLAGLER STREET	· <del></del>	2821 MAY 27 SHICKLIMATE ALLIAH ASSE
Address.	MIAMI, F1. 33144	<del></del>	7 PH
		<del>- , - ,</del>	95 <del></del>
ARTICLE VII	<u>INCORPORATOR</u>		57.
The name and a	ddress of the Incorporator is:		
Name:	DARSYS MILIAN	<del></del>	
Address:	7287 W FLAGLER STREET		
	MIAMI, FL 33144	<del></del>	
Effective date, if	EFFECTIVE DATE: 05/25/2020 fother than the date of filing: date is listed, the date must be specific and calling.)	. (OPTIONAL) nnot be more than five business	i days prior or 90 husiness
	e inserted in this block does not meet the applied effective date on the Department of State's recon		this date will not be listed as
	med as registered agent to accept service of pro am familiar with and accept the appointment a		
	വെ		05/25/2020
	Required Signature/Registered Agent	<del></del>	Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the fal elony as provided for in s.817.155	lse information submitted in a i, F.S.
	nd		05/25/2020
Rem	ured Signature/Incorporator	<del></del>	Date