	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
Note: Plea	se 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.
	(((H20000372039 3)))
Note: DO	H200003720393ABC-
то:	Division of Corporations Fax Number : (850)617-6381
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944
**Ente	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
	Email Address:
	FLORIDA PROFIT/NON PROFIT CORPORATION
	Certificate of Status0Certified Copy1Page Count03Estimated Charge\$78.75

•

10/27/2020 15:24 3052201440 LAZARUS CORPORATE PAGE 02/03 j. j⊑ fati <sub>sta</sub>

.

e de la construcción de la constru La construcción de la construcción d		
ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)		
ARTICLE 1 NAME: The name of the corporation is:		
<u>TRAMAS</u> Enterprise IK		
ARTICLE II PRINCIPAL OFFICE;		
The principal street address and mailing address is: 1115 SW 127ct MiAM: Flopsion ZiP- 33184		
ARTICLE III SHARES: The number of shares of stock is: 100	· · ·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		· •• •
_ OR <u>LANDO TORANZO</u> OROMAS (F		
	<b>a</b> (2)	
	•	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AND READ AGENT AGENT AGENT AND READ AGENT AGEN	<u>SS:</u> ent is:	
The name and Florida street address (PO BOX not address) of and Octando Toranzo Oranas	<del></del>	
1115 Sw 1274 Miami Florida	1	
33184		
ARTICLE VI INCORPORATOR: The name and address of the bicorport		
1115 SW 127ct miami Flori 23184	(	
00107		

型 0C1 26

А**М** 8: [\_\_\_\_\_

## Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registe Par Agait Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

:

Incorp ator Date