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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : TRAMILEX LLC
Account Number : I20150000086
Phone : (786) 469-9163
Fax Number : (305) 948-3716

**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
A ARENCIBIA TOTAL SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAR 08 2021

T. SCOTT

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COVER LETTER

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

SUBJECT: A ARENCIBIA TOTAL SERVICES CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy,
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ANAY C. ARENCIBIA

Name (Printed or typed)

15019 SW 80th TERR

Address

MIAMI, FL 33193

City, State & Zip

(786)879-9811

Daytime Telephone number

E-mail address: (to be used for future annual report 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)

ARTICLE I NAMEThe name of the corporation shall be: A ARENCIBIA TOTAL SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address15019 SW 80th TERRMIAMI, FL 33193

Mailing address, if different is:

SAME ADDRESS**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANAY C. ARENCIBIA, PAddress: 15019 SW 80th TERRMIAMI, FL 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL 32301
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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANAY C. ARENCIBIA
Address: 15019 SW 80th TERR
MIAMI, FL 33193

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ANAY C. ARENCIBIA
Address: 15019 SW 80th TERR
MIAMI, FL 33193

ARTICLE VIII EFFECTIVE DATE: 03/03/2020

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

03/03/2020

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.



Required Signature/Incorporator

03/03/2020

Date

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