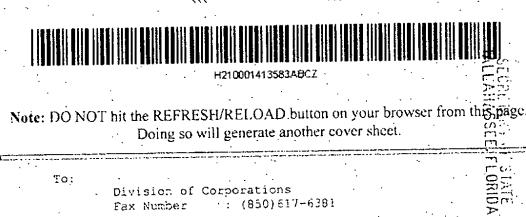
Division of Corporations Electronic Filing Cover Sheet

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(((H210001413583)))



From:

Account Name : TRAMILEX LLC
Account Number : 120150000086
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.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION SIH ENGINEERING CORP

	NAME AND A STATE OF TAXABLE PARTY OF TAXABLE PARTY.
Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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## COVER LETTER

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

SUBJECT: SIH ENGINEERING CORP.	E NAME - MUST INCLUDE SUFFIX)
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■ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 \$\square \\$87.50\$  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
SUSANA IBANEZ HERRERA FROM:	
Name	(Printed or typed)
890 SE 19th ST	
A	ddress
HOMESTEAD, FL 33034	• '
City, S	State & Zip
(407)800-1766	
Daytime Te	lephone number
E-mail address: (to be used	for future annual report notification)
NOTE: Please provide the or	ioinal and one conv of the articles.

To: 18506176381

## 2021-04-09 00:07:12 GMT HZ1000141358 3

From: Erik Gonzalez

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

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890 SE 19th ST	Principal street address	· · · · · · · · · · · · · · · · · · ·	SAME A	DRESS	ess, il different i	
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ARTICLE V INITIA	L OFFICERS AND/OR				•	
Name and Title	CHEANA IDANIEZ DE		Name and Title	••	٠	
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54022854 From: Erik Gonzalez

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	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent	tie:	· . ·		. ,
Name:	SUSANA IBANEZ HERRERA	o, 110 105 110100 ugum				• ,
Address:	890.SE 19th ST	<del></del>		SEC ALL/	1797: 1	
	HOMESTEAD, FL 33034	<del>-</del>		AHAS	- Fig. 1	-i
ARTICLE VII	<u>INCORPORATOR</u>			SEE, F	9 44	117
The <u>name and a</u>	ddress of the Incorporator is:			∪ î'A Lor	9.4	
Name:	SUSANA IBANEZ HERRERA	_		. DA	<u>-</u>	
Address:	890 SE 19th ST			•		. ;
• •	HOMESTEAD, FL 33034					
		<del>-</del>				
	EFFECTIVE DATE: 04/08/2021 Other than the date of filing:	(OPT	IONAL)			
(If an effective of days after the fi	late is listed, the date must be specific and can ling.)	not be more than five	e business (	lays prior of	r 90 bus	iness
	inserted in this block does not meet the applicable effective date on the Department of State's records		iirements, tl	is date will i	not be li	sted as
	med as registered agent to accept service of proce am familiar with and accept the appointment as r					nated ir
17/	J		,	04/08/2021		
	Required Signature/Registered Agent				ate	
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo				ı submii	ted in a
· AA	J			04/08/2021		
Requ	ired Signature/Incorporator			. ,	Date .	