

**P21000067445**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : TRAMILEX LLC

Account Number : 120150000086

Phone : (736) 469-9163

Fax Number : (305) 848-3716

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2021 JUL 23 AM 9:32

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**\*\*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  
SERINA VILLAGE CORP**

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

2021 JUL 23 PM 2:57

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: SERINA VILLAGE 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: DARSYS MILIAN

Name (Printed or typed)

12375 SW 222ND ST

Address

MIAMI, FL 33170

City, State & Zip

(786)447-3569

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)

SECRETARY OF STATE  
TALLAHASSEE, FLARTICLE I NAME

The name of the corporation shall be: SERINA VILLAGE CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address  
12375 SW 222ND ST

MIAMI, FL 33170

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: DARSYS MILIAN, P

Address: 12375 SW 222ND ST  
MIAMI, FL 33170

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: DARSYS MILIAN  
Address: 12375 SW 222ND ST  
MIAMI, FL 33170

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: DARSYS MILIAN  
Address: 12375 SW 222ND ST  
MIAMI, FL 33170

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/23/2021 (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

07/23/2021  
\_\_\_\_\_  
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

07/23/2021  
\_\_\_\_\_  
Date

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