

**P21000338914351**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please 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.**

(((H210003389143)))



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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) 848-3716

*P*  
*9/14/20*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2021 SEP 13 PM 3:30

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 BRIANNA SOFIA CORP**

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

2021 SEP 13 PM 4:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: BRIANNA SOFIA 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: BRYAN CASANOLA CARDOSO  
Name (Printed or typed)

16301 SW 99th CT  
Address

MIAMI, FL 33157  
City, State & Zip

(305) 783-1751  
Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP 13 PM 4:19

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 NAME** BRIANNA SOFIA CORP

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16301 SW 99th CT

SAME

MIAMI, FL 33157

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES** 100

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BRYAN CASANOLA CARDOSO, P

Name and Title:

Address: 16301 SW 99th CT

Address:

MIAMI, FL 33157

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2021 SEP 13 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE FL

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: BRYAN CASANOLA CARDOSO  
 Address: 16301 SW 99th CT  
MIAMI, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRYAN CASANOLA CARDOSO  
 Address: 16301 SW 99th CT  
MIAMI, FL 33157

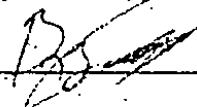
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/13/2021 (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

09/13/2021  
 \_\_\_\_\_  
 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

09/13/2021  
 \_\_\_\_\_  
 Date

SECRETARY OF STATE  
 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 09/13/19 BY 42100038914 3