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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

Phone
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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION COMERCIALIZADORA DAMECE U.S.A. INC

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

Electronic Filing Menu

Corporate Filing Menu

· . Help

From: Erik Gonzalez

Page: 3 of 5

To: +18506176381

2021-12-10 18:19:32 GMT AT 10004508513

## . COVER LETTER

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

Enclosed are an o	original and one (1) copy of the artic	cles of incorporation and	a check for:
■ \$70.0 Filing Fe		S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	JORGE H. GUASCA	(Printed or typed)	
	8370 W FLAGLER ST STE 105E	,,,,	
	1	Address	
	MIAMI, FL 33144		
	City,	State & Zip	
,	(305) 335-7338		,
		elephone number	

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE II PRINCIPAL OFFICE  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  ARTICLE III PURPOSE The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:  Address  Address:  Address  Name and Title:  Address  Address:	
ARTICLE IV SHARES The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS  ANY AND ALL LAWFUL BUSINESS  The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Address  Name and Title: Address:  Name and Title: Address:  Name and Title: Address:  Name and Title: Address:	different is:
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Address		Address:
Address		
TICLE VII	REGISTERED AGENT	
name and Fl	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
ame:	JORGE H. GUASCA	
ddress:	8370 W FLAGLER ST STE 105E	_
	MIAMI, FL 33144	<u>.</u>
TICLE VII	INCORPORATOR	
a name and 90	ddress of the Incorporator is:	
c <u>manne and ac</u>	JORGE H. GUASCA	•
Name:		<del>-</del>
Address:	8370 W FLAGLER ST STE 105E	· -
71001033	MIAMI, FL 33144	
		<del>-</del>
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00 1 1 1	**EFFECTIVE DATE: 12/10/2021 other than the date of filing:	(OPTIONAL)
f an effective (	date is listed, the date must be specific and cann	ot be more than five business days prior or 90 business
ays after the fi		
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e document's	effective date on the Department of State's records.	
aving been nu	med as registered agent to accept service of proces	ss for the above stated corporation at the place designated
is certificate, l	am familiar with and accept the appointment us re	•
	(1100)	12/10/2021
	Required Signature/Registered Agent	Date
submit this do		e true. I am aware that the false information submitted i
ocument to the	Department of State constitutes a titra degree feto	12/10/2021
	A HILL	Date
Keqi	aired Signa(upd/incorporator	