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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION TRADEX CAPITAL INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
2851 NE 183rd St. Apt 1509E, Aventura .FL 33160	
	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	es:
RESIDENT	
AYMOND BARON	
	·
ARTICITY INITIAL DECICERRED AND ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED	
The name and Florida street address (PO Box not accontable) of the accident	
The name and Florida street address (PO Box not acceptable) of the register	
The name and Florida street address (PO Box not acceptable) of the registe 851 NE 183rd St Apt 1509E, Aventura FL 33160	-
The name and Florida street address (PO Box not acceptable) of the register	
The name and Florida street address (PO Box not acceptable) of the register 351 NE 183rd St Apt 1509E, Aventura .FL 33160	
The name and Florida street address (PO Box not acceptable) of the register B51 NE 183rd St Apt 1509E, Aventura FL 33160 RAYMOND BARON	
The name and Florida street address (PO Box not acceptable) of the register B51 NE 183rd St Apt 1509E, Aventura .FL 33160	
The name and Florida street address (PO Box not acceptable) of the register 851 NE 183rd St Apt 1509E, Aventura ,FL 33160 RAYMOND BARON	

Required Signatures:

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

Registered Agent 01/: 3/2023
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.

Incorporator Date

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