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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

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 VILLACHONG I CORP

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COVER LETTER

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

VILLA SUBJECT:	CHONG I CORP		
SUBJECT:	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	TDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ieles of incorporation and	I a check for:
■ \$70.00	□ \$78.75	S78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	& Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
E	RNESTO A CHONG LAMADRID		
FROM:	Nam	e (Printed or typed)	
10	0245 NW 9th ST CIR APT 204		
		Address	
,M 	IAML FL 33172	0.75	
	City	, State & Zip	
(3	05)731-5099		
_	Daytime	l'elephone number	
	E-mail address; (to be use	ed for future annual report	notification)

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

Ťο:

ARTICLES OF INCORPORATION

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

	VILLACHONG I CORP		
TICLE II PRINC	Principal street address	Mailing address.	if different is:
245 NW 9th ST CIR APT 204		SAME ADRESS	
AMI, FL 33172			
	the corporation is organized is:		
•			
-			
TICLE IV SHAP e munber of shares o	RES f stock is:		
TICLE IV SHAP e number of shares of TICLE V INITE	RES 100 fstock is: AL OFFICERS AND/OR DIRECTORS ERNESTO A. CHONG LAMADRID. P	Name and Title:	· .
TICLE IV SHAP e munber of shares o	RES 100 fstock is: AL OFFICERS AND/OR DIRECTORS ERNESTO A. CHONG LAMADRID. P	Name and Title:	
TICLE IV SHAP e number of shares of TICLE V INITE	RES 100 f stock is: AL OFFICERS AND/OR DIRECTORS le: 10245 NW 9th ST CIR APT 204	Name and Title: Address:	· .
TICLE IV SHAI e munber of shares of TICLE V INITI Name and Tit Address	RES 100 f stock is: AL OFFICERS AND/OR DIRECTORS BERNESTO A. CHONG LAMADRID. P 10245 NW 9th ST CIR APT 204 MIAMI, FL 33172	Name and Title: Address:	
TICLE IV SHAI e munber of shares of TICLE V INITI Name and Tit Address	RES 100 f stock is: AL OFFICERS AND/OR DIRECTORS BERNESTO A. CHONG LAMADRID. P 10245 NW 9th ST CIR APT 204 MIAMI, FL 33172	Name and Title: Address: Name and Title: Address:	
PTICLE IV SHAIP e munber of shares of PTICLE V INIT! Name and Tit Address Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTORS Be: ERNESTO A. CHONG LAMADRID. P 10245 NW 9th ST CIR APT 204 MIAMI, FL 33172 e:	Name and Title: Address: Name and Title: Address:	
Name and Tit Address	AL OFFICERS AND/OR DIRECTORS ERNESTO A. CHONG LAMADRID. P 10245 NW 9th ST CIR APT 204 MIAMI, FL 33172 e:	Name and Title: Address: Name and Title: Address:	
Name and Tit Address	f stock is: AL OFFICERS AND/OR DIRECTORS Be: ERNESTO A. CHONG LAMADRID. P 10245 NW 9th ST CIR APT 204 MIAMI, FL 33172 e:	Name and Title: Address: Name and Title: Address:	

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Name a	nd Title:	Name and Title:
Addres	is	Address:
	a source of the court	
	<u>REGISTERED AGENT</u> Clorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	ERNESTO A. CHONG LAMADRID	
Address:	10245 NW 9th ST CIR APT 204	
reduces.	MIAMI, FL 33172	
(RTICLE VII	INCORPORATOR	
The <u>name and a</u>	iddress of the Incorporator is:	
Name:	ERNESTO A CHONG LAMADRID	
Address:	10245 NW 9th ST CIR APT 204	
	MIAMI, FL 33172	
RTICLE VIII	EFFECTIVE DATE: 02/16/2023 fother than the date of filing:	(OPTIONAL)
If an effective lays after the i	date is listed, the date must be specific and cannot	be more than five business days prior or 90 business
Note: If the da	_	statutory filing requirements, this date will not be listed as
Having been no his certificate,	imed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	$\mathcal{A}\mathcal{A}$	02/16/2023
<u></u>	Required Signature/Registered Agent	Date
l submit this de	ocument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
document to the	e Department of State constitutes a third degree felon.	v as provided for in s.817.155, F.S. 02/46/2023
Ren	uired Signature/Incorporator	02-10-2025 Date
1000	mine in an Dament and the control of	