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Florida Department of State
Division of Corporations
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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

S. CHATHAM
APR - 8 2024

SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MILLARES G CLEANING SERVICES INC

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

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COVER LETTER

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

SUBJECT: MILLARES G CLEANING SERVICES INC

(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: GABRIELA MILLARES GARCIA

Name (Printed or typed)

310 NW 77th AVE

Address

PEMBROKE PINES, FL 33024

City, State & Zip

(347)682-1909

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 of incorporation.

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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: MILLARES G CLEANING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

310 NW 77th AVE

PEMBROKE PINES, FL 33024

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: GABRIELA MILLARES GARCIA, P

Address

310 NW 77th AVE

PEMBROKE PINES, FL 33024

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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

Name: GABRIELA MILLARES GARCIA

Address: 310 NW 77th AVE

PEMBROKE PINES, FL 33024

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GABRIELA MILLARES GARCIA


Address: 310 NW 77th AVE

PEMBROKE PINES, FL 33024


ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/08/2024 (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*

<u></u>	<u>04/08/2024</u>
Required Signature/Registered Agent	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.

<u></u>	<u>04/08/2024</u>
Required Signature/Incorporator	Date

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