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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : TRAMILEX LLC
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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
ELLIE'S CLOSET CORP

Certificate of Status	0
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COVER LETTER

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

SUBJECT: ELLIE'S CLOSET 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:** ELIENIS IGLESIAS HERRERA

Name (Printed or typed)

552 PARSONS WAY

Address

DEERFIELD BEACH, FL 33442

City, State & Zip

(786) 848-5125

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.

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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: ELLIE'S CLOSET CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

552 PARSONS WAY

DEERFIELD BEACH, FL 33442

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: ELIENIS IGLESIAS HERRERA, P

Address: 552 PARSONS WAY

DEERFIELD BEACH, FL 33442

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: ELIENIS IGLESIAS HERRERA
Address: 552 PARSONS WAY
DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ELIENIS IGLESIAS HERRERA
Address: 552 PARSONS WAY
DEERFIELD BEACH, FL 33442

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/20/2024. (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

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.

Required Signature/Incorporator

Date

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ROGERS TOWERS, P.A.
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FLORIDA 32207
(904) 398-3911
(904) 396-0663 (Fax)

FACSIMILE TRANSMITTAL COVER SHEET

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Amber Penagos

Professional Assistant

Business & Tax Department

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**Rogers Towers, P.A. | 1301 Riverplace Blvd., Suite 1500 | Jacksonville, Florida
32207**

Main 904.398.3911 | Direct 904.346.5549<tel:904.346.5549>

Internal 5549 | Fax 904.396.0663<fax:904.396.0663>

APenagos@rtlaw.com<mailto:APenagos@rtlaw.com> | www.rtlaw.com

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