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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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION ABA BUILDING THE FUTURE CORP

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Help

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

| NW 193RD LN   | CIPAL OFFICE Principal street address  | Mailing address, if di<br>SAME ADRESS                | fferent is: |
|---|--|--|-------------|
| II GARDENS, I   |  |  |             |
|   |  |  |             |
| TLE III PURF<br>rpose for which                         | the corporation is organized is:   | ND ALL LAWFUL BUSINESS                               |             |
|   | ,  |  |             |
|   |  |  |             |
|   |  |  |             |
|   |  |  |             |
|   | of stock is:   |  | -12         |
| imber of shares of shares of the share and Ti           | of stock is:   | Name and Title:                                      |             |
| imber of shares of                                      | of stock is:  IAL OFFICERS AND/OR DIRECTORS  YENELIS VERA ABAD. P  11e:  5573 NW 1938D LN                    |  |             |
| omber of shares of CLE, V INIT  Name and Ti  Address    | of stock is:  IAL OFFICERS AND/OR DIRECTORS  YENELIS VERA ABAD. P  5573 NW 193RD LN  MIAMI GARDENS, FL 33055 | Name and Title:  Address:                            |             |
| omber of shares of CLE, V INIT  Name and Ti  Address    | of stock is:   | Name and Title:  Address:  Name and Title:           |             |
| omber of shares of CLE, V INIT  Name and Ti  Address    | IAL OFFICERS AND/OR DIRECTORS YENELIS VERA ABAD. P  5573 NW 193RD LN  MIAMI GARDENS, FL 33055                | Name and Title:                                      |             |
| CLE V INIT  Name and Ti  Address  Name and Tit          | of stock is:   | Name and Title:  Address:  Name and Title:  Address: |             |
| CLE V INIT  Name and Ti  Address  Name and Tit  Address | of stock is:  IAL OFFICERS AND/OR DIRECTORS YENELIS VERA ABAD. P  5573 NW 193RD LN  MIAMI GARDENS, FL 33055  | Name and Title:  Address:  Name and Title:  Address: |             |

| To: |   |       |   | Page: 5 of 5 |
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| •   | - | <br>• | ٠ | •            |

## 2025-05-14 17:57:33 GMT (1 C 3 U U U 1 + Ψ I J I \_\_\_\_\_)

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From: Erik Gonzelez

| Name ar   | nd Title:  | Name and Title:  |   |  |  |
|---|--|--|---|--|--|
| Address   |  | Address:   |   |  |  |
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| . navel E 1/4                                   | DECUTERED ACENT  |  |   |  |  |
|   | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)  | of the registered agent is:                                  |   |  |  |
| Name:   | YENELIS VERA ABAD  |  |   |  |  |
| Address:  | 5573 NW 193RD LN   | _  |   |  |  |
| Address.  | MIAMI GARDENS, FL 33055  |  |   |  |  |
| <u>ARTICLE VII</u>                              | INCORPORATOR   |  | 7 <sub>A</sub> <b>2</b>   |  |  |
| The name and a                                  | address of the Incorporator is:  |  | 025 P   |  |  |
|   | YENELIS VERA ABAD  |  | PT   L  |  |  |
| Name:   | 5573 NW 193RD LN   | <del></del>  | SSEE CALL   |  |  |
| Address:  | MIAMI GARDENS, FL 33055  | <del></del> -  | PH 12:  |  |  |
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| Effective date. (If an effective days after the | •  |  | iness days prior or 90 business   |  |  |
| Note: If the da<br>the document's               | ite inserted in this block does not meet the applicable effective date on the Department of State's record | ole statutory filing requirements.                           | ents, this date will not be listed as   |  |  |
| Having been no<br>this certificate,             | amed as registered agent to accept service of proc<br>I am familiar with and accept the appointment as     | ess for the above stated cor<br>registered agent and agree   | poration at the place designated in<br>to act in this capacity  |  |  |
|   | AW   |  | 05/14/2025  |  |  |
|   | Required Signature/Registered Agent  |  | Date  |  |  |
| I submit this d<br>document to th               | locument and affirm that the facts stated herein a<br>se Department of State constitutes a third degree fe | ire true. I am aware that th<br>lony as provided for in s.81 | te false information submitted in a<br>7.155, F.S.  |  |  |
|   | AIN.   |  | 05/14/2025  |  |  |
| Rec   | quired Signature/Incorporator  |  | Date  |  |  |