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Constitution of the Consti

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 N er the email address for this outliness energy to it...

annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION LITTLE LIGHTS BEHAVIOR ANALYSIS INC

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From: Erik Gonzalez

COVER LETTER

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

JECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI.</u>	UDE SUFFIX)
osed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	JET REQUIRED
FROM:	IANY GUERRA GARCIA	e (Printed or typed)	
FROM:		e (Printed or typed)	
FROM:	Nam 960 SW 199TH ST	e (Printed or typed) Address	
FROM:	Nam 160 SW 199TH ST AMI, FL 33177	Address	
FROM:	Nam 160 SW 199TH ST AMI, FL 33177	•	
FROM:	Nam 160 SW 199TH ST AMI, FL 33177 City 6) 8567256	Address , State & Zip	
FROM:	Nam 160 SW 199TH ST AMI, FL 33177 City 6) 8567256	Address	

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

ARTICLES OF INCORPORATION

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

The name of the corpora	tion shall be:			
<u>ARTICLE II PRINC</u> 11960 SW 199TH ST	RTICLE II PRINCIPAL OFFICE Principal street address 1960 SW 199TH ST		Mailing address, if different is:	
MIAMI, FL 33177				
The numose for which t	OSE he corporation is organized is:	D ALL LAWFUL BUSINESS		
The purpose for which t			,	
				
			<u> </u>	
	<u> </u>		<u>.</u> 	
			(4)	
			757 727	
ARTICLE IV SHAR	<u>ES</u> 100		57	
The number of shares of	stock is:			
ARTICLE V INITLA	AL OFFICERS AND/OR DIRECTORS			
	ELIANY GUERRA GARCIA.P	Shama and Title		
	11960 SW 199TH ST			
	MIAMI, FL 33177			
	MIAMI, FL 33177			
Name and Title:		Name and Title:	···	
Address	**	Address:		

Name and Title:		Name and Title:		
Address		Address:		

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13054022854

From: Enk Gonzalez

Name a	and Title:	Name and Title:			
Address		Address.	Address.		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accepta	ible) of the registered agent is:			
Name:	ELIANY GUERRA GARCIA				
Address:	11960 SW 199TH ST		_	~>	
_	MIAMI, FL 33177		•	۔ ک	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>				
The name and	address of the Incorporator is:			==	. 4 . ,=== u ;
Name:	ELIANY GUERRA GARCIA		رن! اخت	PH 2: 57	"कर्ज
Address:	11960 SW 199TH ST			57	
	MIAMI, FL 33177				
Effective date, (If an effective days after the	date is listed, the date must be specific and filing.)		ess days pri		
	ite inserted in this block does not meet the applieffective date on the Department of State's rec		ts, this date	will not	be listed as
	amed as registered agent to accept service of p I am familiar with and accept the appointment				designated in
	Required Signature/Registered Ages		01/28/2	2025	
	Required Signature/Registered Age	nt		Date	;
	ocument and affirm that the facts stated here e Department of State constitutes a third degre			iation si	ubmitted in a
	<i>9</i> 66-		01/28/	2025	
Reg	uired Signature/Incorporator			Ďа	ite