

7/13/2018

# PI8000063126

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

FILED ASSESSMENT DIVISION

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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.\*\*

Email Address: filings@delawareinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION

~~RAMA & Co - Corp~~ =====>

now using FURI&Co Corp since the name was not available Rama&co.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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July 16, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: RAMA&CO. CORP  
REF: W18000064697

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TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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The document number of the name conflict is A03000001638.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H18000203934  
Letter Number: 218A00014533

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

ARTICLE I NAME FURI&Co Corp
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
610 Clematis Street Apt 330 610 Clematis Street Apt 330
West Palm Beach - FL 33401 West Palm Beach - FL 33401

ARTICLE III PURPOSE Investment in Real Estate
The purpose for which the corporation is organized is:

[Empty lines for text entry]

ARTICLE IV SHARES 100
The number of shares of stock is:

18 JUL 19 PM 4:30
ALL MISSISSIPPI, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gilberto José Gonçalves Ramalho, President Name and Title:
Address: Av. Estudante Jose Julio de Souza 2150 Address:
Ap 101 - Praia de Itaparica
Vila Velha-ES Brazil - 29102-010

Name and Title: Eliane Márcia Uchôa Ramalho, VP Name and Title:
Address: Av. Estudante Jose Julio de Souza 2150 Address:
Ap 101 - Praia de Itaparica
Vila Velha-ES Brazil - 29102-010

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

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((H18000203934 3))

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.  
 Address: 3030 N. Rocky Point Dr., STE 150A  
Tampa, FL 33607

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 FILED IN SECT. FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gilberto José Gonçalves Ramalho  
 Address: Av. Estudante Jose Julio de Souza 2150  
Ap 101 - Praia de Itaparica Vila Velha-ES  
Brazil - 29102-010

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

*Bill Hauer* \_\_\_\_\_ 07/10/2018  
 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.*

*[Signature]* \_\_\_\_\_ 07/12/2018  
 Required Signature/Incorporator Date

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