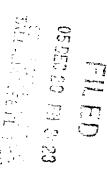
## F050000007415

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
1415
(Document Number)
Í
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
13/20
Office Use Only
11/1501



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ramflas Roofing Svcs., In	c.
	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this n	natter to the following:
Jorge L. Oliver	
	me of Person)
Finance World of Maryland, Inc.	
	n/Company)
8555 16Th Street, Suite 102	
(	(Address)
Silver Spring, MD 20910	
	tate and Zip code)
For further information concerning this matter, ple	ease call:
Jorge L. Oliver at ( 3	01 587-3073
(Name of Person) (A	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\bigcup \frac{1}{2} \\$78.75 Filing Fee & Certificate of Status	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	oofing Svcs, Inc.	
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"
	Name	_
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
<sub>2.</sub> Maryland	3	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 05/01/200 <sup>-</sup>	1 5	perpetual
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
<sub>6.</sub> May 1st 2		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
<sub>7.</sub> 3010 Elbib	Drive, St. Cloud FL 34772	
	(Principal office ad	dress)
3010 Elbi	b Drive, St. Cloud FL 3477	2
	(Current mailing ad	dress)
Poofing o	ondoo	
8. Roofing s	s) of corporation authorized in home state or c	country to be carried out in state of Florida)
		<u> </u>
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	Genaro Nunez	<u> </u>
Office Address:	3010 Elbib Drive	, Florida 34772
	St. Cloud	, Florida 34772 (Zip code)
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties osition as registered agent.
_	(Registered agent's signature	)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Genaro Nunez
Address: 3010 Elbib Drive
St. Cloud, FL 34772
Vice Chairman:
Address:
D (I N)
Director: Rosalba Nunez
Address: 3010 Elbib Drive
St. Cloud, FL 34772
Director:
Address:
<u>and the second </u>
B. OFFICERS
President: Genaro Nunez
Address: 3010 Elbib Drive
St. Cloud, FL 34772
Vice President: Rosalba Nunez
Address: 3010 Elbib Drive
St. Cloud, FL 34772
Secretary: Rosalba Nunez
Address: 3010 Elbib Drive St. Cloud FL 34772
Treasurer:
Address:
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.
13. Signature of Director or Officer listed in number 12 of the application)
Genaro Nunez, President
(Typed or printed name and capacity of person signing application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RAMFLAS ROOFING SVCS., INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN IT'S CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 14, 2005.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097