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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone : (813)932-5244

Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

FOREIGN PROFIT/NONPROFIT CORPORATION RAM PROJECT MANAGEMENT INC

Certificate of Status	0
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: RAM PROJECT MANAGEMENT, INC.

Name of corporation - must include suffix

Dear Sir or Madam;

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JANINE SKIPPER	
Ņ	lame of Person
CONTRACTORS REPORTING SERVICES	SINC
Fi	rm/Company
23110 SR 54, PMB 336	
	Address
LUTZ, FL 33549	
City	/State and Zip code
E-mail address: (to b	oe used for future annual report notification)

For further information concerning this matter, please call:

JANINE SKIPPER

at (813) 932-5244

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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.

(If name unavails	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
TEXAS	3	82-2834257		
·	under the law of which it is incorporated)	(FEI number, if appli	icable)	•
9/13/2017	of incorporation) 5.			_
	of incorporation)	(Date of duration, if other tha	in perpenial)	
				_
		n Florida, if prior to registration) 502. F.S., to determine penalty liability)	
4000 MONTE			,	
4900 MONTE	VERDE DR, FORT WORTH, TX 762 (Principal off	ice <u>street</u> address)		-
ADDO MONTE	verde dr, fort worth, tx 76			
4900 MONTE	(Current maili)	ng address, if different)		
. Name and stree	at address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2024 FEB SECRET TALL	- 7
Name:	CONTRACTORS' REPORTING SER	RVICES	- 7	riscope - restrict
Office Address:	2513 Rustic Oaks Dr		S AMII: 41	d tiperin
	Lutz	. Florida 33558		التابية العيدة
	(City)	(Zip code)		
	ent's acceptance; ed as registered agent and to accept serv	ice of process for the above stated o ment as registered agent and agree	corporation at the	place

10. 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.

A. DIRECTORS					
□ Chairman	MARGARITA FLURRY	□ Chairman	Name:		
□Vice Chairman	4900 MONTE VERDE DR Address:	□Vice Chairman	Address: 4900 MONTE VERDE DR		
□Director	FORT WORTH, TX 76244	□ Director	FORT WORTH, TX 76244		
■ President		□ President			
□Vice President		■ Vice President			
☐Secretary	□Treasurer	Secretary	□Treasurer		
□ Other	□Other	■Other	□Other		
□Chairman	Name:	□ Cheirman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		Director	7.00		
□President		□President	- 		
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
□Other	Other	Other	Other		
□ Chairman	Name:	⊟Chairman	Nume:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□ President		□President			
□Vice President		□Vice Presidem			
□Secretary	☐ Treasurer	Secretary	☐ Treasurer		
□Other	Other	Other	□Other		
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departme				
12.			SIGN.HERE SIGN.HERE SIGN.		
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. RORALD FLURRY - VP/COO					

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for RAM Project Management, Inc. (file number 802813054), a Domestic For-Profit Corporation, was filed in this office on September 13, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on February 12, 2024.



Jane Malson

Jane Nelson Secretary of State