

P00000093142

TRANSMITTAL LETTER

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

SUBJECT: RAM MANUFACTURING, INC.
(Proposed corporate name - must include suffix)

100003409381-- 1
-09/29/00--01080--004
*****70.00 *****70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: MARK GOLDSTEIN
Name (Printed or typed)

10733 LISBON STREET
Address

COOPER CITY, FL 33026
City, State & Zip

954 746-0121
Daytime Telephone number

FILED
00 SEP 29 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T BROWN OCT - 3 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

RAM MANUFACTURING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10733 LISBON STREET, COOPER CITY, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

AUTHORIZED SHS. : 1,000 @ .01 ¢ PAR VALUE PER SHARE

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

MARK GOLDSTEIN, 10733 LISBON STREET, COOPER CITY, FL 33026

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

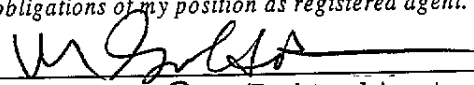
MARK GOLDSTEIN, 10733 LISBON STREET, COOPER CITY, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

MARK GOLDSTEIN, 10733 LISBON STREET, COOPER CITY, FL 33026

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

SEPT 6, 2000

Date


Signature/Incorporator

SEPT 6, 2000

Date

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00 SEP 29 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA