DOIOS389

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

SUBJECT:		p, Incorporated orate name - must include suf	mx) 500003457 -###\${ ⁰⁰ 75	
Enclosed is an original \$70.00 Filing Fee	al and one(1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	3428 Clifden: Tallahassee, Fl	Printed or typed) Dr. Address 37309 y, State & Zip	SECREJAKT OF STATE TALLAHASSEE, FLORIDA	00 NOV -8 AM 8: 43

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

Daytime Telephone number

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ARTICLES OF INCORPORATION					
The undersigned incorporator, for the purpose of forming a corporation under Business Corporation Act, hereby adopts the following Articles of Incorporatio		SECKE IA			
ARTICLE I NAME The name of the corporation shall be: RAM Group,	Incorporated	FILED OO NOV -8 AM 8: 43 SECRETARY OF STATE ALLAHASSEE, FLORIDA			
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation sl	3700	Clifden Dr. ssee, FL 32308			
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have	outstanding at any on	e time is: 100			
ARTICLE IV INITIAL REGISTERED AGENT AND STI The name and Florida street address of the initial registered agent are: ARTICLE V INCORPORATOR	REET ADDRESS JOSEPH L. AP 3428 Clifden Tallahasseo, F	Dr.			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:					
	Joseph L. Apr 3428 Cliffon : Tallahassa, FL	Dr			
and I Appleto	11/7/00				
Signature/Incorporator	Date				
(An additional article must be added if an effective	e date is requested.)				

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 Date