## POIOOO97299

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

800004587208---4 -09/13/01--01057--001 \*\*\*\*\*\*78 50 \*\*\*\*\*\*78 50

SUBJECT:	RAMA ENTER	Drisz, Inc	
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
			ALL
Enclosed are 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 Filling Fee & Certified Copy	Status
	·	ADDITIONAL CO	
FROM:	Boatriz GA	MDA 20 Printed or typed)	
12012, Ponce de Pron Blvd 208 Address			
Coral Pables F1 33,34-0000 City, State & Zip			
305 265-1555  Daytime Telephone number  WWW 21506			
	,	Wol.	, VI ,

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





## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 17, 2001

BEATRIZ GAMBARO 1201 E PONCE DE LEON BLVD 208 CORAL GABLES, FL 33134

SUBJECT: RAMA ENTERPRISE, INC

Ref. Number: W01000021506

We have received your document for RAMA ENTERPRISE, INC and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 301A00051924

## 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: PAMA SINISPISE, INC. ANITAC ENTER PRISE INC. <u>ARTICLE II PRINCIPAL OFFICE</u> The principal place of business/mailing address is: 2. Ponce de Leon Blvd 008 Pables Fl 33134-0000 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Doing business + opening A checking acct SHARES ARTICLE IV The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Bratriz Jambaro 12012. Ponce de fra Blvd 208 Corol Gables FI 33134-0000 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Bratrice Cambaro 1201 2. Ponce de fron mam ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Juliet Blair\_\_\_\_\_ 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 Registered Agent

Signature/Incorporator