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TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 16 PM 2: 06

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

900005555199--9
-05/16/02--01057--008
*****78.75 *****78.75

SUBJECT: R.A.M. RESTORATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT MEDILLO
Name (Printed or typed)

8705 N. PALM AVE.
Address

TAMPA FL, 33617
City, State & Zip

813-985-1785
Daytime Telephone number

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

15-100

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

P.A.M. RESTORATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8705 N. PALMEE AVE.
TAMPA, FL. 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ROBERT MENDILLO - PRESIDENT
8705 N. PALMEE AVE.
TAMPA, FL. 33617

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

FRED SEIFER
1707 OAK BRANCH CT
BRANDON, FL. 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT MENDILLO
8705 N. PALMEE AVE.
TAMPA, FL. 33617

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



Signature/Registered Agent

5-10-02

Date



Signature/Incorporator

5-10-02

Date