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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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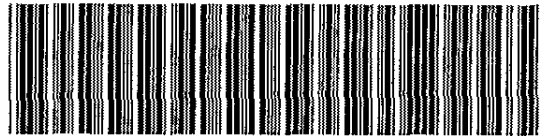
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RA GENERAL SERVICES CORP. <sup>ENTERPRISE</sup>  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time \_\_\_\_\_ ☒ Certified Copy.
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

## **ARTICLES OF INCORPORATION**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

### **ARTICLES I-NAME**

The name of the corporation shall be:

R A GENERAL ENTERPRISES INC.

### **ARTICLES II-PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

331 SW FLAGAME BLVD MIAMI, FL 33144.

### **ARTICLES III-SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

### **ARTICLES IV-INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

HECTOR VAZQUEZ 1790 W. 49 ST. SUITE 217 HIALEAH, FL. 33012.

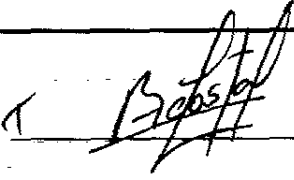
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**ARTICLE V-INCORPORATOR**

The name and street address of the incorporator to these Articles of incorporation is:

ROILAN ACOSTA  
331 SW FLAGAME BLVD MIAMI, FL 33144.

The undersigned incorporator has executed these Articles of incorporation this  
\_\_\_\_ 12 \_\_\_\_ day of \_\_\_\_ APRIL \_\_\_\_ 2003.



\_\_\_\_\_  
Signature

**ARTICLE VI DIRECTOR(S)**

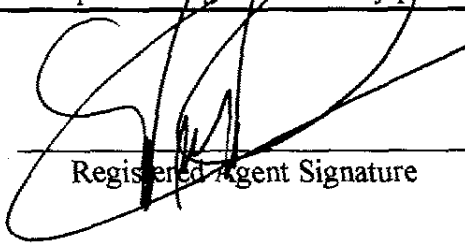
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The name and street address of the director(s) to these Articles of incorporation is (are):

ROILAN ACOSTA                      PRESIDENT  
  
331 SW FLAGAME BLVD MIAMI, FL 33144.

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent

  
\_\_\_\_\_  
Registered Agent Signature