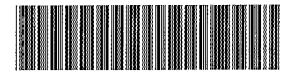
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DIVISION OF CORPORATION

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OFFICE USE ONLY(DOCUMENT #) 2003 AUG 20 PM 12: 50 TALLAHASSEE FLORIDA LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.05 Certified Copy Photocopy Mail out Will wait Certificate of Status AMENDMENTS **NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign

Limited Partnership

Examiner's Initials

Reinstatement

Trademark

Other

CR2E031(9/92)

Fictitious Name

Name Reservation



Secretary of State

FLORIDA DEPARTMENT OF STATE 2003 AUG 20 PM 12: 50 Glenda E. Hood

SEMPLE STATE TALLAHASSEE FLORIDA

August 19, 2003

LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FL

SUBJECT: RAMS MANAGEMENT INC

Ref. Number: W03000023581

We have received your document for RAMS MANAGEMENT INC and your check(s) totaling \$78.75. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

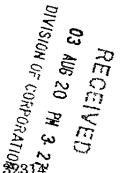
Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6973.

Claretha Golden **Document Specialist** New Filings Section

Letter Number: 903A00047020



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be: RAMS MANAGE MENT

GROUP INVESTMENT INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be: 615 W. CAPE CORAL PKWY. Suite # 204

CAPE CORAL FL, 33914

<u>ARTICLE III -SHARES</u>

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Altredo Gonzalez 18528 nw 19st

PEMBroKE FY 33029

ARTICLE V - INCORPORATOR

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

Alfredo Gonzalez 615 WCAPECOral PKwy. suite 204 FL, 33!
Roy H. Hubbins 615 W. CAPECORAl PKwy. suite 204 FL, 33914
SErbio Campanioni 615 W. Cape coral PKwy suite 204, FC, 33'
The undersigned incorporator has executed these Articles of
Incorporation this 18 day of Bug 184 2003

ARTICLE VI- DIRECTOR(S)

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

AIFREDO GONZALEZ > 615 W. CAPE CORAL PKWY SUITE 204 CAPECORAL FL, 339146-ROY H. HUGGINS > 615W. CAPECORAL PKWY SUITE 204 CAPECORAL FL, 33914 (VICE-PRE) SERGIO CAMPANIONI > 615W CAPECORAL PKWY SUITE 204 CAPECORAL FL, 33914 (PRE)

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