

P04000142749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

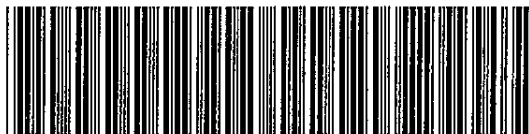
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
04 OCT 15 PM 3:15

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TRANSMITTAL LETTER

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

SUBJECT: R.A.M. ONE CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Encl.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ROBERTO A. MIRALLES
Name (Printed or typed)

2043 WEST 62ND STREET
Address

HIALEAH, FLORIDA 33016
City, State & Zip

(305) 822-8730
Daytime Telephone number

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

