

P04000142749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

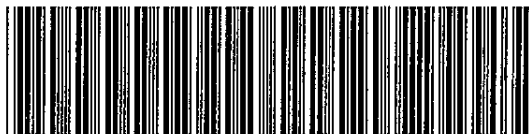
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 OCT 15 PM 3:15

3m 10/15

**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  
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:** 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.**

