P05000020611

(Requestor's Name)				
— M. Ramirez 4229 Weasel Dr. Now Bot Richey Fl 34653				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200045178822

SECRETARY OF STATE

OF STA

02/03/05--01037--009 **78.75

20.8.00

TRANSMITTAL LETTER

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FI 32314

SUBJECT: MIKE RAMIREZ, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75

FROM: MIKE RAMIREZ 4729 WEASEL DR. NEW PORT RICHEY, FL 34653



ARTICLES OF INCORPORATION

MIKE RAMIREZ, INC. 05 FEB -3 PH 12: 52

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural persons(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

The name of the corporation is:

MIKE RAMIREZ, INC.

ARTICLES II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLES III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLES IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (100) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	MIKE RAMIREZ
ADDRESS	4729 WEASEL DR.
CITY	NEW PORT RICHEY, FL 34653
The name and	street address of the Initial Registered Agent of this Corporation is:
NAME	MIKE RAMIREZ
ADDRESS	4729 WEASEL DR.
CITY	NEW PORT RICHEY, FL 34653

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MIKE RAMIREZ	·····			
ADDRESS	4729 WEASEL DR.				
CITY	NEW PORT RICHEY	STATE	FL	ZIP	34653
NAME					
ADDRESS					
CITY		STATE		ZIP	
NAME		<u> </u>			
ADDRESS					
A		STATE		ZIP	·
CITY					
CITY		INCORPORATI	ONS		
		INCORPORATI	-	of Incorp	poration are as
The name(s)	ARTICLE VII - and addresses of the incorpora	INCORPORATI	Articles		poration are as
The name(s) a follows:	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ	INCORPORATI	Articles		
The name(s) a follows:	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ	INCORPORATI	Articles		
The name(s) a follows: NAME ADDRESS	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ 4729 WEASEL DR.	INCORPORATI	Articles		
The name(s) a follows: NAME ADDRESS CITY	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ 4729 WEASEL DR, NEW PORT RICHEY	INCORPORATI	Articles		
The name(s) a follows: NAME ADDRESS CITY NAME	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ 4729 WEASEL DR. NEW PORT RICHEY	INCORPORATI	Articles		
The name(s) a follows: NAME ADDRESS CITY NAME ADDRESS	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ 4729 WEASEL DR. NEW PORT RICHEY	INCORPORATI	FL.	ZIP	
The name(s) a follows: NAME ADDRESS CITY NAME ADDRESS CITY CITY	ARTICLE VII - and addresses of the incorpora MIKE RAMIREZ 4729 WEASEL DR, NEW PORT RICHEY	INCORPORATI	FL.	ZIP	

IN WITNESS WHEREOF, the undersigned Incorporation this 31 day of 500, 200		have	executed	these	Articles	of
		<u>-</u> .		·	(Seal (Seal	•
					(Seal	•
STATE OF FLORIDA COUNTY OF KINELLES	<u>.</u>					

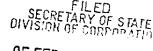
before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that executed these Articles of Incorporation.

MM S. JOHN (Notary Seal)

My Commission expires:







CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

05 FEB -3 PH 12: 5:

OF	
MIKE RAMIREZ, INC.	
(name of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Corporation

at	4729 WEASEL DR.	
	NEW PORT RICHEY, FL 34653	
nas named	MIKE RAMIREZ	

located at the aforesaid address, as its Registered Agent, to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)