# 05000/50234

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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# **COVER LETTER**

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

SUBJECT: RAMADA SERVICE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
१ - ५८ <b>, १८७</b> ० हे । <b>१५५</b> ६ - १५५६	The statement		-
FROM: N	/ESAM RAMADAN	(Printed or typed)	
	14712 Eagle Crossing		
	Orlando, Florida 32837 City,	State & Zip	
:	(407) 443-6452		<del>,,</del>
	Daytime i	elephone number	

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

## ARTICLES OF INCORPORATION

\*In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

RAMADA SERVICE, INC.

05 NOV 10 PM 3: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 771963, Orlando, Florida32877

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home improvment

#### ARTICLE IV SHARES

The number of shares of stock is:

1

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Wesam Ramadan, President, 14712 Eagles Crossing Drive, Orlando, Florida 32837

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Wesam Ramadan, President, 14712 Eagles Crossing Drive, Orlando, Florida 32837

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wesam Ramadan, 14712 Eagles Crossing Drive, Orlando, Florida 32837

**************************************	************
Having been named as registered agent to uccept service of process for the certificate, I am familiar with and accept the appointment as registered agent	above stated corporation at the place designated in thi and agree to act in this capacity
Pama da 1 1 1000	11/5/2005
Signature/Registered Agent	Date
Lamada Wesa	11/5/2005
Signature/Incorporator	Date