## P05000 163557

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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OS DEC 15 PK 3: 03
SELIAHASSEE, FLORIDA

US DEC 15 FN 2: 56

12/15/

## 'COVER LETTER

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

RAM PROPERTY MANAGEMENT ENFORCEMENT (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$78.75

Filing Fee & Certified Copy **X** \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

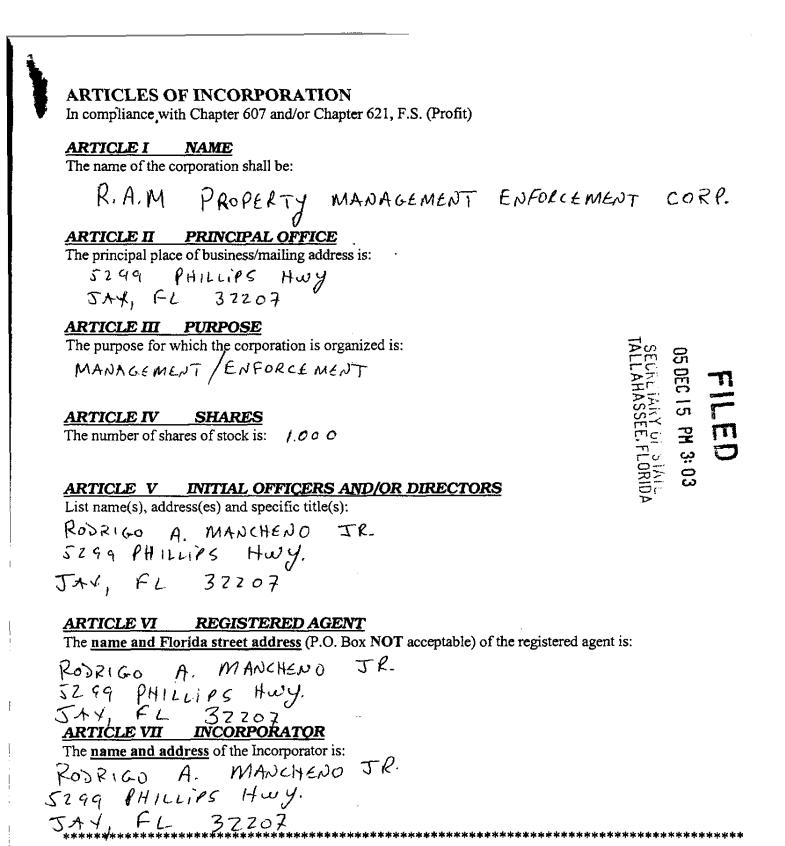
ADDITIONAL COPY REQUIRED

FROM: RODRIGO A. MANCHENO JL.

Name (Printed or typed) 5299 PHILLIPS HWY. JAY, FL 32207 City, State & Zip (904) 463-0919

Daytime Telephone number

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



Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

12-15-05

Signature/Incorporator

Date