# P080000/4567

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

Office Use Only



400117017174

02/07/08--01024--025 \*\*87.50

DO FEB - 7 PM 3: 25
SECRETARY OF STATE

VH

# **COVER LETTER**

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

SUBJECT:		A 110N/3 / -	TNC.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 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
FROM:	RAMON U. 1 Name 5700 5W (25)	MAS (Printed or typed)	
7 100 3W (2 / 7W )2 (6			

305.793.4528

Daytime Telephone 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)

### <u>ARTICLE I NAME</u>

The name of the corporation shall be:

R ONE CREATIONS, INC.

08 FEB - 7 PM 3: 26

SECRETARY OF STATE
FALLAHASSEE. FLORES

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5900 SW 127 AVE # 3216 Miami, FL 33183

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

# ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAMON U. MAS 5900 SW 127 Ave # 3216 Miami, FL 33183

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registere	ed agent is:
RAMON U. MAS	
RAMON U. MAS 5900 SW 127 Ave # 3216	
MiAmi, FC 33183	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
RAMON U. MAS	
5900 SW 127 Ave #3216	
5900 5W 127 Ave #3216 MiAmi, FL 33183	
	******
Having been named as registered agent to accept service of process for the above stated corpor certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
	2/2/08
Signature Registered Agent	Data
	2/2/08
Signature/Incorporator	Date
RAMÓN U. MAS	

OB FEB-7 PM 3: 26
SECRETARY OF STATE
SALLAHASSEE, FLORIDA