

Florida Department of State

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To:

Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 SECRETARY OF SELLLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

ramos drywall, inc.

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

RAMOS DRYWALL, INC.

ARTICLE 11 PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

406 S.E. 14^{TII} STREET CAPE CORAL, FL 33990

ARTICLE 111 SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE-TIME IS: ... 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

SALOMON RAMOS MEJIA 406 S.E. 14TH STREET CAPE CORAL, FL 33990

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ARTICLE V INCORPORATOR(S)

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S). TO THESE ARTICLES OF INCORPORATION IS (ARE):

SALOMON RAMOS MEJIA– PRESIDENT – VICE PRESIDENT - SECRETARY 406 S.E. 14TH STREET CAPE CORAL, FL 33990

THE UNDERSIGNE INCORPORATION	ED INCORPORATOR(S) THIS	DAY OF Man	red these artic	LES OF
Signaturo				
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Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: RAMOS DRYWALL, INC.

1. The name and address of the registered agent and office is:

SALOMON RAMOS MEJIA

(Name)

406 S.E. 14TH STREET CAPE CORAL, FL 33990

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date

SECRETARY OF STATE

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