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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 24 PM 3:47

EP 6/24/08

COVER LETTER

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

SUBJECT: Monica C. Ruiz Corporation
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Monica C. Ruiz
Name (Printed or typed)

1000 SW 94 Avenue
Address

Miami, FL 33174
City, State & Zip

786-597-0127
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)

ARTICLE I NAME

The name of the corporation shall be:

Monica C. Ruiz Corporation

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1000 SW 94 Avenue
Miami, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Self Employment through Arise Virtual Solutions, Inc.

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

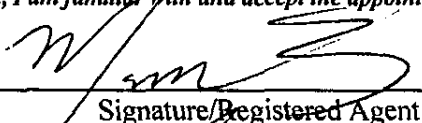
Monica C. Ruiz
1000 SW 94 Avenue
Miami, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monica C. Ruiz
1000 SW 94 Avenue
Miami, FL 33174

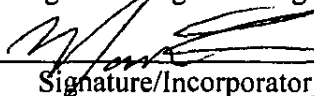
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/12/08

Date



Signature/Incorporator

6/12/08

Date

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