PO PAROINALIO

(Requestor's Name)				
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(Ad	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAiL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

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

SUBJECT: LIT	TLE RAMONAS CO.		
· · · · · · · · · · · · · · · · · · ·		ATE NAME – <u>MUST INC</u> I	UDE SUFFIX)
			•
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	PAULA BELTRAN	(Printed or typed)	<u></u>
<u>, </u>	650 CARRINGTON DRIVE		
		Address	ž.
	WESTON, FL 33326		
	City	, State & Zip	
	954-6821559 Daytime	Telephone number	
	y	•	

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:

LITTLE RAMONAS CO.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 650 CARRINGTON DR WESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRADE, WHOLESALE AND RETAIL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): PAULA BELTRAN, PRESIDENT 96 WOODPOINT RD, BROOKLYN, NY 11211

ESPERANZA MENDOZA, VICEPRESIDENT 650 CARRINGTON DR, WESTON, FL 33326

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: ESPERANZA MENDOZA 650 CARRINGTON DR, WESTON, FL 33326

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ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: ESPERANZA MENDOZA 650 CARRINGTON DR, WESTON, FL 33326

***************	*********
Having been named as registered agent to accept service of process for a certificate, I am familiar with and accept the appointment as registered age	the above stated corporation at the place designated in this ent and agree to act in this capacity
600/100/100 w	01/30/09
Signature/Registered Agent	Date
600111011000ev	01/30/09
Signature/incorporator	Date



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COVER LETTER

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	·	Address	
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	Cit	y, State & Zip	
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	Daytime	Telephone number	

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