

P090000017176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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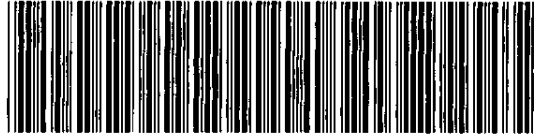
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 23 P 1:45

FILED

2-24-09
WCC

COVER LETTER

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

SUBJECT: RAMGEL ENTERPRISES INC.
(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: LEONARD GELFOND
Name (Printed or typed)

9000 PARK BLVD #7
Address

SEMINOLE - FL 33999
City, State & Zip

727-410-1613
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:

RAMGEL ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

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

9000 PARK BLVD. #7
SEMINOLE FL 33077

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI

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):

LEONARD GELFOND 9000 PARK BLVD. #7 SEMINOLE FL 33077
MILDRED GELFOND 9000 PARK BLVD #7 SEMINOLE FL 33077

ARTICLE VI REGISTERED AGENT

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

LEONARD GELFOND
9000 PARK BLVD. #7
SEMINOLE FL 33077

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONARD GELFOND
9000 PARK BLVD #7
SEMINOLE FL 33077

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

Leonard Gelfond
Signature/Registered Agent
Leonard Gelfond
Signature/Incorporator

2-15-09
Date
2-15-09
Date

FILED
2009 FEB 23 P 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA