Po 90000 930 83

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





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11 13-09

COVER LETTER

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

SUBJECT:	Ramasco Americas Corp.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	a check for:	
✓ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
	ADDITIONAL COPY REQUIR			
FROM:		a E. Briele e (Printed or typed)		
		e Mile, Suite 203		
	1	Address		
	Coral Gables, FL 33134			
	City,	State & Zip		
		443 5768		
	Daytime T	elephone number		
		bellsouth.net		
	E-mail address: (to be use	d tor tuture annual report i	notification)	

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:

Ramasco Americas, Corp

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 220 Miracle Mile, Suite 203 Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos Antonio Alarcon 220 Miracle Mile, Suite 203 Coral Gables, FL President, Treasurer, Director Maria Esperanza Gilberti 220 Miracle Mile, Suite 203 Coral Gables, FL VP, Secretary, Director

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent

Aida E. Briele

220 Miracle Mile, Suite 203

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Carlos Antonio Alarcon

220 Miracle Mile, Suite 203

Coral Gables, FL 33134

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

_Signature/Incorporator

11.4.0°

Date

-9-07

Date