

P10000103686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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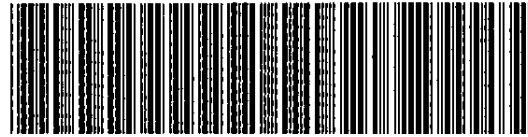
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/10--01026--028 **87.50

FILED
10 DEC 27 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 12/28/10

COVER LETTER

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

SUBJECT: Rams Financial Services, 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: Armando Rodriguez
Name (Printed or typed)

P.O. Box 127449
Address

Hialeah, Florida 33012
City, State & Zip

786-282-8966
Daytime Telephone number

arodri2529@yahoo.com
E-mail address: (to be used for future annual report 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: Rams Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
691 East 63 Street
Hialeah, Florida 33013

Mailing address, if different is:
P.O. Box 127449
Hialeah, Florida 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For a profit financial corporation.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Armando Rodriguez / President</u>	Name and Title: _____
Address: <u>P.O. Box 127449</u>	Address: _____
<u>Hialeah, Florida 33012</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Armando Rodriguez
Address: 691 East 63 Street
Hialeah, Florida 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Armando Rodriguez
Address: P.O. Box 127449
Hialeah, Florida 33012

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

Required Signature/Registered Agent

12/22/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

12/22/2010
Date

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