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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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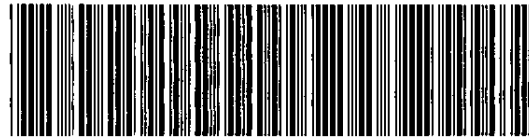
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Raldo Rags And Shoes Plus Corp.

(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: Raldo Rags & Shoes Plus Corporation  
Name (Printed or typed)

4141 N. Miami Avenue Suite # 302  
Address

Miami, Florida. 33127  
City, State & Zip

(305)576-7627  
Daytime Telephone number

Herlyva@att.net  
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: **Raldo Rags And Shoes Plus Corporation**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**4141 N. Miami Avenue Suite # 302**  
**Miami, Florida. 33127**

Mailing address, if different is:

**P. O. Box 370476**  
**Miami, Florida. 33137**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: **500 shares**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **(P) Carole Herard**  
Address: **430 N.E. 63rd Street**  
**Miami, Florida. 33138**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **(Tr) Raldoewitch Herard**  
Address: **13155 Ixora Court # 208**  
**Miami, Florida. 33181**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: **Raldoewitch Herard**  
Address: **13155 Ixora Court # 208**  
**Miami, Florida. 33181**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: **Raldoewitch Herard**  
Address: **13155 Ixora Court # 208**  
**Miami, Florida. 33181**

*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

**01/04/2011**  
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

**01/04/2011**  
Date

11 JAN 10 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED