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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR -4 AM 10:00

APPROVED
AND
FILED

11/2

COVER LETTER

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

SUBJECT: RamosAPhotography, 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: Amanda Ramos

Name (Printed or typed)

7420 W 20th Ave #443

Address

Hialeah, FL 33016

City, State & Zip

305-698-4095

Daytime Telephone number

info@ramosaphotography.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: **RamosAPhotography, Corp.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7420 W 20th Ave Unit 443
Hialeah, FL 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Ramos / President
Address: 7420 W 20th Ave Unit 443
Hialeah, FL 33016

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

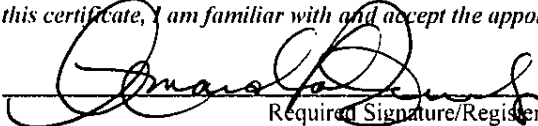
Name: Amanda Ramos
Address: 7420 W 20th Ave Unit #443
Hialeah, FL 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda Ramos
Address: 7420 W 20th Ave Unit #443
Hialeah, FL 33016

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

04/01/2011
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

04/01/2011
Date

APPROVED
AND
FILED
11 APR - 4 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA