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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
4/5

COVER LETTER

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

SUBJECT: RAM QUALITY SOLUTIONS 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: JOSUE RAMOS

Name (Printed or typed)

501 CORNWALL ROAD

Address

SANFORD, FL 32773

City, State & Zip

386-216-8183

Daytime Telephone number

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 RAM QUALITY SOLUTIONS INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
501 CORNWALL ROAD
SANFORD, FL 32773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
QUALITY INSPECTION AND REPACKAGING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JOSUE RAMOS PRESIDENT	Name and Title:	
Address:	C/O 501 CORNWALL ROAD SANFORD, FL 32773	Address:	

Name and Title:	KATHY HUTCHINGS	Name and Title:	
Address:	C/O 501 CORNWALL ROAD SANFORD, FL 32773	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: JOSUE RAMOS
Address: 501 CORNWALL ROAD
SANFORD, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

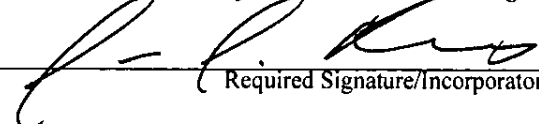
Name: JOSUE RAMOS
Address: 501 CORNWALL ROAD
SANFORD, FL 32773

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

03/29/11
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

03/29/11
Date

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TALLAHASSEE FLORIDA