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PICK-UP WAIT MAIL

(Business Entity Name)

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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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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

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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 Address: _____
SANFORD, FL 32773

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

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:

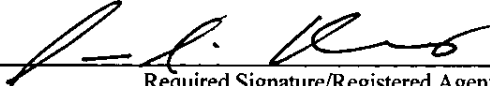
Name: JOSUE RAMOS
Address: 501 CORNWALL ROAD
SANFORD, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

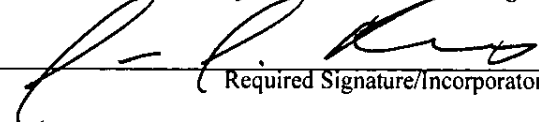
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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