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PS 5/9/11

COVER LETTER

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

SUBJECT: RAM Auto Sales, Inc		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Michael Gonzalez Name	(Printed or typed)	
13530 SW 20th STREET	ddress	
Miramar, Fl 33027	address	
City, 9	State & Zip	
954-549-5232 Daytime Te	lephone number	
gonz8023@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 II	PRINCIPAL OFFICE		FILE
	Principal street address	Mailing address, if	different is:
	13530 SW 20th Street		TAN TARY ()
1	Miramar, FI 33027		TANK TAKE ()
•			一一一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
RTICLE III			
Automotive S	which the corporation is organized is: Sales		
RTICLE IV	SHARES res of stock is:1,000		
	INITIAL OFFICERS AND/OR DIRECT	n D C	
Name and Ti	itle:Michael Gonzalez / MNGR	Name and Title:	
Address:	13530 SW 20th Street	Address:	
	Miramar, Fl.33027		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
144.055			
Name and Ti	itle		
Address:	tle:	Name and Title;	
11001033.			
		-	
RTICLE VI	REGISTERED AGENT		
ne <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable)		
Name:	Michael Gonzalez		
Address:	13530 SW 20th Street		
	Miramar, Fl.33027		
RTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Michael Gonzalez		
Address:	13530 SW 20th Street		
	Miramar, Fl 33027		
avin a heen name	ed as registered agent to accept service of proc	ess for the above stated cornoration at	the place designated in
	n familiar with and accept the appointment as t		
MA	.,		7
7/1/			72111
/(-)	Required Signature/Registered Agent		Date
\sim			
submit this docu	ment and affirm that the facts stated herein a	re true. I am aware that the false info	rmation submitted in a
cyment to the D ϵ	partment of State constitutes a third degree fel	ony as provided for in s.817.155, F.S.	1
VI			10/11
×			/ 1 / (
)	Required Signature/Incorporator		Date Date