# P11000093958

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



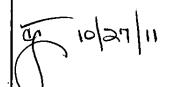
100212282821

10/11/11--01017--003 \*\*87.50

2011 OCT 26 PM 2: 08

Office Use Only

691-2544-611000052514



# **COVER LETTER**

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

SUBJECT: Ramirez 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 \$78.75 Filing Fee & Filing Fee & Filing Fee, & Certificate of Status  **ADDITIONAL COPY REQUIRED**		
FROM: Shirley Ramirez Name (Printed or typed)		
14481 SE 92 nd Ct.  Address  Summerfield, FL 34491  City, Shate & Zip  352-3017-0935	2011 OCT 26 P	SECRETARY OF DIVISION OF CORF
Daytime Telephone number  Mando 1536 Diahoo. dom  E-mail address: (to be used for future annual report notification)	PM 2: 08	SKIL

NOTE: Please provide the original and one copy of the articles.

RECEIVED 對OCT 26 AMIO: 17

SECRETARY OF STATE TALLAHASSEE. FLORIDA

October 12, 2011

SHIRLEY RAMIREZ 14481 SE 92ND CT SUMMERFIELD, FL 34491

SUBJECT: RAMIREZ INC. Ref. Number: W11000052514

We have received your document for RAMIREZ INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

SECHETARY OF SHALL STORE OF CORPORATION OF CORPORATION OF CORPORATION 2: 08

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 811A00023423

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF H

ARTICLE I		in the state of th	DIVISION OF CORPURA
The name of the c	orporation shall be: Ange wings I	EWEITY Inc.	,2011 OCT 26 PM 2
ARTICLE II	PRINCIPAL OFFICE  Principal street address  Shirtes  1448 SE 924  Summer Field Fl  34491		ldress, if different is:
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is:		
ARTICLE IV	SHARES ares of stock is: 100		
		TO DC	
Name and T Address:	INITIAL OFFICERS AND/OR DIRECTION SHIPS PANDED SUMMERFIELD, EL 3449	Name and Title: Address:	
Name and T Address:	Title:	Address:	
Name and T Address:	Title:	Name and Title:Address:	
ADDICE D IT			
ARTICLE VI The name and Fl	<u>REGISTERED AGENT</u> orlda street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name: Address:	Shirley Ramirez 14487 SE Gand C+ Summerfield F		
ARTICLE VII	INCORPORATOR	191	
	dress of the Incorporatoris: Shirley Ramirez 14481 SE 92nd C+ Summerfield, FL-344	<del></del>	
	ned as registered agent to accept service of p im familiar with and accept the appointment	rocess for the above stated corpor	
Shir	Required Signature Registered Agen	t	10-24-11 Date
I submit this doc	ument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the f	
	ley Ranuez Required Signature/Inforporator		10-24-11 Date
ditional	Articals		

Shirley Raminez