P/2000032032

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

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

SUBJECT:	Ram und	Ergrou	nd.	Co
	(PROPOSED C	ORPORATE	NAME - MUST INC	LUDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of	of the article	s of incorporation a	nd a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Sta	tus	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
			ADDITIONAL C	OPY REQUIRED
FROM: _	LEO 1	Name (P	rinted or typed)	
	169 B	/ACKhe Add	ress tr	/
-	Monticello	City, Sta	32344 te & Zip	
—	850 - 25	7 – 9 Daytime Tele	189 phone number	
	Leo Lamb 79 E-mail address: (t 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 NA The name of the corpor	IME ation shall be: Ramax under gro	und co	
	Principal street address (9 Blackberry fri anticella, Fi 32344	Mailing addre	SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE III PU	RPOSE		
The purpose for which	the corporation is organized is: Pulling	CABLE Birt A to	8 by
trenching, p	the corporation is organized is: Pulling lowing, digging man wholes	and/or splici	pits.
ARTICLE IV SH The number of shares of	Fares f stock is: 100		
	TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	
Address:	169 Blackberry tol		
	Manticello, Fl 32344		
-			
Name and Title:		Name and Title:	
Address:			
-			
-		 ,	
Name and Title:			
Address: _		Address:	
-			
ADTICLE III DE	CICTEDED ACENT		
	GISTERED AGENT street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	hec inns		
Address:	Monticello F1 32344		
	Monticello, Fl 32344		
ARTICLE VII IN	CORPORATOR		
The name and address	of the Incorporator is:		
Name: Address:	169 4/4 6 1 mm 4 - 1		
Address.	169 Alack berry fol Monticello, Fl 32344		
this certificate, I am fa	s registered agent to accept service of process miliar with and accept the appointment as regis	for the above stated corporati stered agent and agree to act in	
	7		U = 11 = 12
000	Required Signature/Registered Agent		<u> 4 - 4 - 72</u> Date
I submit this documer	at and affirm that the facts stated herein are t tment of State constitutes a third degree felony	true. I am aware that the fals	
7 -	~		
	Required Signature/Incorporator		<u>4 - 4 · 12</u> Date