P13000009631

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)·				
PICK-UP	WAIT.	MAIL		
(Bu	isiness Entity Namo	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>	Office Use Only	, .		



800243423318

01715/132010172063187.50

war of

13 JAN 29 PH 4: 15
SECRETARY OF STATE
TALL ABASSEE FLOOD

T. Surah 40 2013

COVER LETTER

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

SUBJECT:			np.	
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCLU</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Roberto Ranan Colque Name (Printed or typed) G745 SW 17 Street Address Miani, Fl 33155 City, State & Zip				
	(786) 290- Daytime Te SYCMONC 2009 E-mail address: (to be used		COM notification)	

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



13 JAN 29 AHII: 37

ATTENDED IN THE

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2013

ROBERTO RAMON COLQUE 6745 SW 17 STREET MIAMI, FL 33155

SUBJECT: RAMON SERVICES CORP.

Ref. Number: W13000003208

We have received your document for RAMON SERVICES CORP. 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 213A00001237

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

e name of the corporation shall be:	amon Services Corp.
Principal street address	Mailing address, if different is:
Miami, F1 33155	
ETICLE III PURPOSE c purpose for which the corporation is organ	
Lown wor	MESS 3 AND
	22. 29.
number of shares of stock is:	ND/OR DIRECTORS C. Colque Name and Title: President 1 17 street Address: 33155
number of shares of stock is: TICLE V INITIAL OFFICERS AND Name and Title: Roberto Mandress	ND/OR DIRECTORS Colque Name and Title: President 17 street Address: 33155 Name and Title:
Name and Title: Address Name and Title: Name and Title: Name and Title: Name and Title:	ND/OR DIRECTORS L. (Olque Name and Title: President 1 17 street Address: 33155 Name and Title:

Name and Title:	Name and Title:					
Address	Address:					
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) or	f the registered agent is:					
Name: Roberto Colque	<u>.</u>					
Address: 10745 SW 17 Street	SEC TALL					
Miani, FI 33 ls	FIL JAN 29 CRETAIN LAIMSSI					
ARTICLE VII INCORPORATOR	YOU TED					
The name and address of the Incorporator is:	±8 55 €					
Name: Roberto Colque						
Address: 6745 SW 1754	-					
Micimi, Fl 33155	-					
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						
	1/25/13					
Required Signature/Registered Agent	Date					
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.					
* Phri	1/9/13					
Required Signature/Incorporator	Date					