

P13000021105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

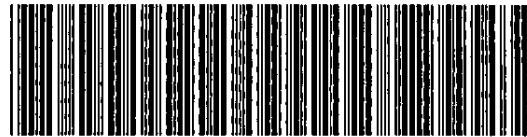
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -6 AM 11:45

Ps 3/7/13

COVER LETTER

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

SUBJECT: Sharon Ramos, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Sharon Kay Ramos

Name (Printed or typed)

3318 West Ballast Point Boulevard

Address

Tampa, Florida 33611

City, State & Zip

813-837-6149

Daytime Telephone number

sramos36@tampabay.rr.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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Sharon Ramos, Inc.

13 MAR -6 AM 11:45

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3318 West Ballast Point Boulevard
Tampa, Florida 33611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Service Operations

ARTICLE IV SHARES 10

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon Ramos, President

Name and Title: _____

Address 3318 West Ballast Point Boulevard
Tampa, Florida 33611

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 MAR -6 AM 11:45
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sharon Kay Ramos
Address: 3318 West Ballast Point Boulevard
Tampa, Florida 33611

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sharon Kay Ramos
Address: 3318 West Ballast Point Boulevard
Tampa, Florida 33611

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

Sharon Kay Ramos Registered Agent 2/26/13
Required Signature/Registered Agent Date
SHARON KAY RAMOS / REGISTERED AGENT

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.

Sharon Kay Ramos Incorporator 2/26/13
Required Signature/Incorporator Date
SHARON KAY RAMOS / INCORPORATOR