

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

60760

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
RME ADVISORS, INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS  
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4/5/13  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**  
The name of the corporation shall be:  
RME ADVISORS, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
15757 PINES BOULEVARD, #395  
PEMBROKE PINES, FL 33027

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LEGAL BUSINESS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: WENDY IRAVEDRA/PRESIDENT  
Address: 15757 PINES BOULEVARD, #395  
PEMBROKE PINES, FL 33027

Name and Title:  
Address:

Name and Title:  
Address:

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box Not acceptable) of the registered agent is:  
Name: WENDY IRAVEDRA  
Address: 15757 PINES BOULEVARD, #395  
PEMBROKE PINES, FL 33027

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: WENDY IRAVEDRA  
Address: 15757 PINES BOULEVARD, #395  
PEMBROKE PINES, FL 33027

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at its place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

\_\_\_\_\_  
Required Signature/Registered Agent

4/3/13  
\_\_\_\_\_  
Date

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.B17.155, F.S.

\_\_\_\_\_  
Required Signature/Incorporator

4/3/13  
\_\_\_\_\_  
Date

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