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(R	equestor's Name)	
(Address)		
(A	ddress)	
(C	ity/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
. (B	usiness Entity Name)	
(D	ocument 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-BUILD CONSTRUCTION, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

OM:	RONALD A. MARSHALL
.0	Name (Printed or typed)
	1714 Hughes Dr
	Address
	Plant City, Fl 33563
	City, State & Zip
	813-308-9696
	Daytime Telephone number
	licensed2build4u@yahoo.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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Principal street address	5.5	Mailing address, if different is:
14 Hughes	S Dr	Po Bo	ox 755
ant City, F	33563	Seffn	er, Fl 33583
TICLE III PU purpose for which	RPOSE a the corporation is organized is:	AND ALL LA	AWFUL BUSINESS.
			26. 2
			APR I
			SST P
			PA 2:
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Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Ronald A. Marshall	A TO
Address:	1714 Hughes Dr	87 6 7
	Plant City, FI 33563	The registered agent is: AHASSEE FLORIDA
ARTICLE VII	INCORPORATOR	DA 23
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	Ronald A. Marshall	
Address:	1714 Hughes Dr	
	Plant City, FI 33563	-
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	
		4/3/2013
	Required Signature Registered Agent	Date
	ument and affirm that the facis stated herein are Department of State constitutes, third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	(M)	4/3/2013
	Required Signature/Inforporator	Date