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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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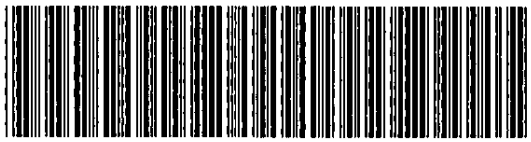

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E 05/03/13

COVER LETTER

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

SUBJECT: RAMIRO MULTISERVICE & CARCO 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: RAMIRO MULTISERVICE & CARCO INC.
Name (Printed or typed)

9440 WEST FLAGLER APT 302
Address

MIAMI FLORIDA 33174
City, State & Zip

786-444-8477
Daytime Telephone number

santiago9075@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 INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: RAMIRO MULTISERVICE & CARCO INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

9440 WEST FLAGLER APT 302
MIAMI FLORIDA 33174

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: All lawfully business

ARTICLE IV SHARES
The number of shares of stock is: one

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ramiro J. Santiago President
Address: 9440 WEST FLAGLER APT 302
MIAMI FLORIDA 33174

Name and Title:
Address:

Name and Title: Mirian Rodriguez VicePresident
Address: 9440 WEST FLAGLER APT 302
MIAMI FLORIDA 33174

Name and Title:
Address:

Name and Title: Agdiel Santiago Vice President
Address: 9440 WEST FLAGLER APT 302
MIAMI FLORIDA 33174

Name and Title:
Address:

(conti.)

Name and Title:_____ Name and Title:_____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Ramiro J. Santiago

Address: 9440 WEST FLAGLER APT 302

MIAMI FLORIDA 33174

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Alvaro Gonzalez

Address: 9401 SW 4 ST apt 209

MIAMI FLORIDA 33174

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

_____ 04/29/2013

Required Signature/Registered Agent 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.817.155, F.S.

_____ 04/29/2013

Required Signature/Incorporator Date