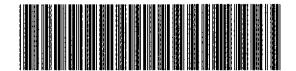
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STAIL SECRETARY OF

1/4

COVER LETTER

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

_{subject:} Dav	e Ram Inc.		
30D01011	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: D	ave Ramcharan	e (Printed or typed)	
10)101 Sunrise Lal	ces Blvd.	
	4	Address	
Sı	uite 209 Sunrise		
^	•	State & Zip	
95	542451012	elephone number	
طم	veram01@hotmail.	·	
(17)	verailly samulant	[.K.J.[.]	

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE II PRIN	E ion shall be: Dave Ram Inc.	
	Principal street address	Manning address, if different is:
Suite 209		
Sunrise FL. 33	3322	
ARTICLE III PURF	POSE ne corporation is organized is:	g and Restoration services
ARTICLE IV SHA	PES 400	
The number of shares of shares of shares	nation of the state of the stat	Name and Title:
The number of shares of shares of shares	TAL OFFICERS AND/OR DIRECTORS Dave Ramcharan President 10101 Sunrise Lakes Blvd.	Name and Title:
he number of shares of shares of shares of share and Title:	nation of the state of the stat	Name and Title:
The number of shares of sh	Dave Ramcharan President 10101 Sunrise Lakes Blvd. Suite 209 Sunrise FL. 33322	Name and Title: Address:
The number of shares of sh	Dave Ramcharan President 10101 Sunrise Lakes Blvd. Suite 209 Sunrise FL. 33322	Name and Title: Address: Name and Title:
The number of shares of sh	Dave Ramcharan President 10101 Sunrise Lakes Blvd. Suite 209 Sunrise FL. 33322	Name and Title: Address: Name and Title: Address:
The number of shares of sh	Dave Ramcharan President 10101 Sunrise Lakes Blvd. Suite 209 Sunrise FL. 33322	Name and Title: Address: Name and Title: Address:

. ,	•	SECRETARY OF STATE DIVISION OF CORPORATION	
Name	e and Title:	Name and Title:	
Add	ress	Name and Title: 2813 NOV 12 PM 2: 51 Address:	
ARTICLE V	······································		
The <u>name and</u>	d Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Radica Bissoon		
Address:	2120 Sunset Strip		
	Sunrise FL.33315		
<u>ARTICLE V</u>			
	d address of the Incorporator is: Dave Ramcharan		
Name: Address:	10101 Sunrise Lakes Blvd.		
Addicss.	suite 209 Sunrise FL. 33322		
	named as registered agent to accept service of process, e, I am familiar with and accept the appointment as reg		ted in
The Acad	die Rule	11/05/13	
	Required Signature/Registered Agent	Date	
	document and affirm that the facts stated herein are i he Department of State constitutes a third degree felony		d in a
	re Ramm	11/05/13	
	Required Signature/Incorporator	Date	