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(Req	uestor's Name)			
(Add	ress)			
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(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			

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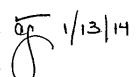


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COVER LETTER

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

SUBJECT: MARTHA RAMOS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
□ \$70.00	□ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
		,	& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		

A: IVIAR I DA	A MAIVIUS
	Name (Printed or typed)
7011 SW	129 AVE #3
	Address
MIAMI, F	L 33183
	City, State & Zip
786 371 8	8078
	Daytime Telephone number
martharam	osrealtor@gmail.com
E mail c	address: (to be used for future annual report notification)

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

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

RTICLE IV SHARES The number of shares of stock is: Name and Title:	OS, INC. SECRETARY OF ST AVISION OF TORPOR
RTICLE IV SHARES The purpose for which the corporation is organized is: RTICLE IV SHARES The number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MARTHA RAMOS,P/S/T Address MIAMI, FL 33183 Name and Title: Name and Title: Name and Title: Address Name and Title:	Mailing address, lived the rest PM 4:
RTICLE IV SHARES The number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address MIAMI, FL 33183 Name and Title: Address Name and Title: Address Name and Title:	
RTICLE IV SHARES Be number of shares of stock is: In the number of shares of stock is: In the number of shares of stock is: In the number of shares of stock is: Name and Title: Address MARTHA RAMOS,P/S/T Name and Title: Address: MIAMI, FL 33183 Name and Title: Address: Name and Title: Address: Name and Title:	
Name and Title: Name and T	ENGAGE IN ANY BUSINESS
Name and Title: Name and Title: Address Name and Title:	
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Name and Title: MARTHA RAMOS,P/S/T Name and Title: Address: Address MIAMI, FL 33183 Name and Title: Name and Title: Address: Name and Title: Name and Title:	
Address 7011 SW 129 AVE #3 Address: MIAMI, FL 33183 Name and Title: Name and Title: Address: Name and Title: Name and Title:	
MIAMI, FL 33183 Name and Title: Name and Title: Address Address: Name and Title: Name and Title:	
Address: Name and Title: Name and Title:	Addition.
Address: Name and Title: Name and Title:	
Name and Title:Name and 'Title:	Name and Title:
	Address:
Address Address:	Name and Title:
	A ddress
Address	

Name a	nd Title:	Name and Title:	
Addres	SS	Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and l</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	MARTHA RAMOS		
Address:	7011 SW 129 AVE #3	_ _	
	MIAMI, FL 33183		
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	MARTHA RAMOS		
Address:	7011 SW 129 AVE #3		
	MIAMI, FL 33183		
Having been no this certificate, i	imed as registered agent to accept service of proce I gen familiar with and accept the appointment as r	ess for the above stated corp egistered agent and agree to	oration at the place designated in act in this capacity
Me	atthe Jamo		12/30/2013
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein are Department of Style yonstitutes a third degree felo		
)//,	of ToKoms		12/30/2013
ـــــــ	Required Signature/Incorporator		Date

SECRIFICATIONS

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