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(Requestor's Name)

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(City/State/Zip/Phone #)

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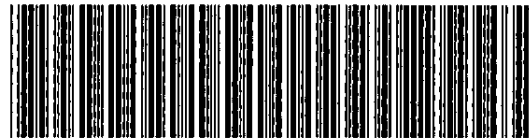
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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: **K.J. Ramirez, 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: **Kathryn J Ramirez**

Name (Printed or typed)

**5551 SW 140th Avenue**

Address

**Ocala, FL 34481**

City, State & Zip

**352-465-4322**

Daytime Telephone number

**kthramirez@aol.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: K.J. Ramirez, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5551 SW 140th Avenue

Ocala, FL 34481

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: bookkeeping and accounting services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kathryn J Ramirez, Pres

Address: 5551 SW 140th Avenue  
Ocala, FL 34481

Name and Title: Kathryn J Ramirez, Treas

Address: 5551 SW 140th Avenue  
Ocala, FL 34481

Name and Title: Kathryn J Ramirez, VP

Address: 5551 SW 140th Avenue  
Ocala, FL 34481

Name and Title: Kathryn J Ramirez, Sec

Address: 5551 SW 140th Avenue  
Ocala, FL 34481

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

(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: Kathryn J Ramirez  
Address: 5551 SW 140th Avenue  
Ocala, FL 34481

**ARTICLE VII INCORPORATOR**

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

Name: Kathryn J Ramirez  
Address: 5551 SW 140th Avenue  
Ocala, FL 34481

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*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*

Kathryn J Ramirez  
Required Signature/Registered Agent

1/25/2014

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.*

Kathryn J Ramirez  
Required Signature/Incorporator

1/25/2014

Date