

09/07/14 14:07

#3590 P-001/003

P/4000087682

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000250838 3)))



H1400025083834BC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
RAMID TRUCK SERVICE CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

10/28/14

RECEIVED

14 OCT 27 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 27 AM 11:35

FILED

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

H14000250838

ARTICLE I NAME: The name of the corporation is:

RAMID TRUCK SERVICE Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6355 NW 36 ST
Suite 301
Virginia Garden FL 33166

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

VLADIMIR Ramirez-Santiesteban (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 27 AM 11:35

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

VLADIMIR Ramirez-Santiesteban
6355 NW 36 ST Suite 301
Virginia Garden FL 33166

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

VLADIMIR Ramirez-Santiesteban
6355 NW 36 ST Suite 301
Virginia Garden FL 33166

H14000250838

#14000250838


Required Signatures:

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



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.



Incorporator_____
Date

FILED
14 OCT 27 AM 11:35
SECRETARY OF THE
TALLAHASSEE FLORIDA

#14000250838