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09/15/15--01016--007 **78.75

EFFECTIVE DATE
9-10-15

FILED
2015 SEP 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

● SEP 23 2015

COVER LETTER

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

SUBJECT: RAIAMO Corp.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RAIAMO Corp.
Name (Printed or typed)
15243 sw 21st street
Address
Miramar, Florida, 33027
City, State & Zip
954-706-2226
Daytime Telephone number
raiamo.sales@gmail.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)

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SECRETARY OF STATE

ARTICLE I NAME

RAIAMO Corp.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different:

15243 sw 21st street, Miramar, Florida, 33027

raiamo.sales@gmail.com

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A company dedicated to export products outside the United States.

EFFECTIVE DATE
9-10-15

ARTICLE IV SHARES

Four shares

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emil Rafael Mota, President

Address: 15243 sw 21st street Miramar, FL

Name and Title: Omaira Maria Rivas, Vice-President

Address: 15243 sw 21st street Miramar, FL

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Omaira Maria Rivas
Address: 15243 sw 21st street, Miramar, FL

ARTICLE VII INCORPORATOR

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

Name: Emil Rafael Mota
Address: 15243 sw 21st street, Miramar, FL

ARTICLE VIII EFFECTIVE DATE: 09/10/2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Omaira Rivas 09/10/2015
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.

Emil Mota 09/10/2015
Required Signature/Incorporator Date