

P16000011993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

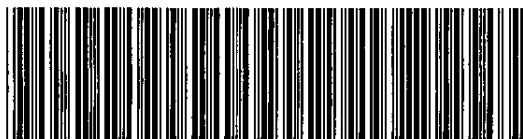
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16 JAN 26 PM 12:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 25

COVER LETTER

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

SUBJECT: R.RamosInc

Rafael Ramos
(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: R.Ramos Inc

Rafael Ramos
Name (Printed or typed)

5108 Mission Hills Ave.

Address

Tampa FL 33617

City, State & Zip

813 334 8058

Daytime Telephone number

Rafaelb70@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)

ARTICLE I NAME

The name of the corporation shall be: R. Ramos Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5108 MISSION HILLS AVE

Ave 5108 Mission Hills Tampa Fl. 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To buy to Sell or perform any and All Business admitted by the Law
of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: R. Ramos

Name and Title: _____

Address 5108 Mission Hills Ave

Address: _____

Tampa Florida 33617

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: R. Ramos Rafael Ramos

Address: 1335 Pience ST #406
Clearwater FL 33756

16 JAN 26 PM 12:52
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rafael Ramos

Address: 1335 Pience ST #406
Clearwater FL 33756

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 10 2016 (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

Rafael Ramos
Required Signature/Registered Agent

1-20-16
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.

Rafael Ramos
Required Signature/Incorporator

1-20-16
Date