

P16000048053

(Requestor's Name)

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(City/State/Zip/Phone #)

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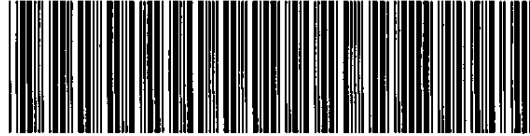
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
16 MAY 25 AM 7:32

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COVER LETTER

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

SUBJECT: M Ramos 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: Miriam ramos

Name (Printed or typed)

6769 Ebans Bend

Address

Orlando FL 32807

City, State & Zip

3216359232

Daytime Telephone number

acrunit30@aol.com

E-mail address: (to be used for future annual report notification)

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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: M Ramos Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6769 Ebans Bend

Orlando FL 32807

Mailing address, if different is:

3815 N US HWY 1, unit 30

Cocoa FL 32926

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: subcontractor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miriam Ramos, President

Address 6769 Ebans Bend

Orlando FL 32807

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: Miriam Ramos
Address: 6769 Ebans Bend
Orlando FL 32807

ARTICLE VII INCORPORATOR

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

Name: Miriam Ramos
Address: 6769 Ebans Rd
Orlando FL 32807

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ARTICLE VIII EFFECTIVE DATE: 5/18/2016

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

Miriam Ramos
Required Signature/Registered Agent

5.18.16
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.

Miriam Ramos
Required Signature/Incorporator

5.18.16
Date