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COVER LETTER

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

SUBJECT: RAYZZAM 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: RODOLFO REY
Name (Printed or typed)
10111 WHISPER POINTE DRIVE
Address
TAMPA FL 33647-2903
City, State & Zip
813-991-5884
Daytime Telephone number
rudolphrey@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: RAYZZAM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10111 WHISPER POINTE DR

TAMPA FL 33647-2903

Mailing address, if different is:

RAYZZAM INC.

P.O.BOX 48111

TAMPA FL 33646

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal, lawful, legitimate or licit purpose under the Laws of

Florida; including but not limited to: investments, production of educational material, consulting, instructional, or any other

service, business, or trade whose employees, directors, contractors and subcontractors or other related personnel are or will

be in capacity to carry out, perform, and execute.

ARTICLE IV SHARES

The number of shares of stock is: 200,000 (Two hundred thousand shares)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTHA L REY

Address: 10111 WHISPER POINTE DR

TAMPA FL 33647-2903

Name and Title: DIRECTOR

Address: _____

Name and Title: RODOLFO REY

Address: 10111 WHISPER POINTE DR

TAMPA FL 33647-2903

Name and Title: DIRECTOR

Address: _____

Name and Title: DIANA A REY

Address: 300 EAST SOUTH ST APT 4014

ORLANDO FL 32801-3563

Name and Title: DIRECTOR

Address: _____

16 AUG 15 AM 7:46
NOTARIAL PUBLIC
JENNIFER L. REY
STATE OF FLORIDA

Name and Title: DAVID E REY Name and Title: SECRETARY
Address: 10111 WHISPER POINTE DR Address: _____
TAMPA FL 33647-2903 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MARTHA L REY
Address: 10111 WHISPER POINTE DR
TAMPA FL 33647-2903

ARTICLE VII INCORPORATOR

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

Name: RODOLFO REY
Address: 10111 WHISPER POINTE DR
TAMPA FL 33647-2903

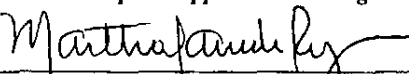
ARTICLE VIII EFFECTIVE DATE:

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

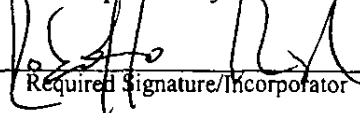
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 August 10, 2016
Required Signature/Registered Agent MARTHA L. REY 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.

 August 10, 2016
Required Signature/Incorporator Date
RODOLFO REY