

P16000209382

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.

((H16000209382 3)))



H160002093823ABC+

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 : USACORP INC.
Account Number : I20130000019
Phone : (718) 362-4789
Fax Number : (718) 408-2550

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

Email Address: mvautier@gmail.com

16 AUG 23 PM 3:14

**FLORIDA PROFIT/NON PROFIT CORPORATION
RITUAL PAYMENTS CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

16 AUG 23 PM 3:14

FLORIDA PROFIT/NON PROFIT CORPORATION
RITUAL PAYMENTS CORP.

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 24 2016

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621 F.S. (Profit)

ARTICLE I NAME

RITUAL PAYMENTS CORP.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
350 Ocean Drive Unit 304-N
Key Biscayne, FL 33149

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Vautier, President Name and Title: _____

Address: 350 Ocean Drive Unit 304-N Address: _____
Key Biscayne, FL 33149 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 AUG 23 AM 3:14

(((H16000209382 3)))

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: Michelle Vautier

Address: 350 Ocean Drive Unit 304-N

Key Biscayne, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Michelle Vautier

Address: 350 Ocean Drive Unit 304-N

Key Biscayne, FL 33149

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

/s/ Michelle Vautier _____ 8/23/16
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.

/s/ Michelle Vautier _____ 8/23/16
Required Signature/Incorporator Date

(((H16000209382 3)))