

P/6000077520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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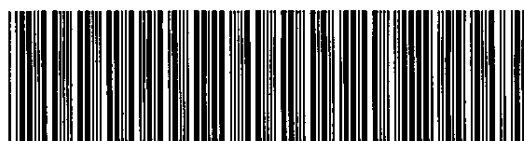
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/21/16--01003--018 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 21 AM 11:21

09/22/16

COVER LETTER

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

SUBJECT: RED SAND FINANCIAL 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 ☒ \$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: MICHAEL KRAMER
Name (Printed or typed)

10 FERN COURT
Address

PALM COAST, FLORIDA 32137
City, State & Zip

386-864-3491
Daytime Telephone number

mkramerconsulting@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: RED SAND FINANCIAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

MICHAEL KRAMER

10 FERN COURT

PALM COAST FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH

CORPORATIONS MAYBE INCORPORATED.

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL KRAMER, PRESIDENT

Name and Title: _____

Address 10 FERN COURT

Address: _____

PALM COAST FL 32137

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: MICHAEL KRAMER
Address: 10 FERN COURT
PALM COAST FL 32137

ARTICLE VII INCORPORATOR

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

Name: MICHAEL KRAMER
Address: 10 FERN COURT
PALM COAST FL 32137

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ARTICLE VIII EFFECTIVE DATE:

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

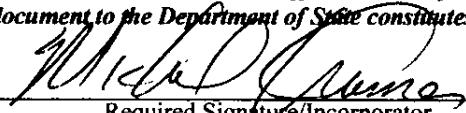
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 09/18/2016
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.

 _____ 09/18/2016
Required Signature/Incorporator Date