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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN
 Account Number : I20070000020
 Phone : (813)435-3176
 Fax Number : (713)429-1276

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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

Email Address: Dhphillipsinc@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION Louis Ramirez Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

nc-1/27/17

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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: Louis Ramirez Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>4947 Harold Stanly</u>	<u></u>
<u></u>	<u></u>
<u>Kissimmee, Florida 34758</u>	<u></u>

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: 1000 Common Stock @ \$0.10 Par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Louis Ramirez DPST</u>	Name and Title: <u></u>
Address <u>4947 Harold Stanly</u>	Address: <u></u>
<u></u>	<u></u>
<u>Kissimmee, Florida 34758</u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>

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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: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Address: 2202 N. WEST SHORE BLVD. STE 200
TAMPA, FLORIDA 33607

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN

Address: 2202 N. WEST SHORE BLVD. STE 200
TAMPA, FLORIDA 33607

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 days prior or 90 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

_____	01/26/2017
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.

_____	01/26/2017
Required Signature/Incorporator	Date

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