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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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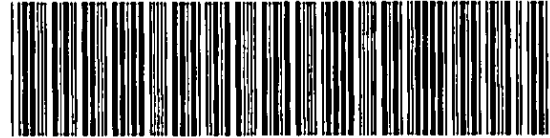
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/17--01045--005 ++70.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 JUL 24 AM 9:24

2 07/25/17

COVER LETTER

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

SUBJECT: My Forex. Com 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: Rafael Ramos DBA My Forex. Com Inc.
Name (Printed or typed)

1335 Pierce ST Fl 33752
Address

Orlando FL 33756 #406
City, State & Zip

813-334-0058
Daytime Telephone number

Rafael670@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: My Forex. Com Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Rafael Ramos

1335 Pience ST #406

Clearwater Fl. 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All Lawful Business including
Forex Trading.

ARTICLE IV SHARES

The number of shares of stock is: 100

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STATE
FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ra Ramos Name and Title: _____

Address 1335 Pience st. Address: _____

#406

Clearwater Fl 33752

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: R. Romas
Address: 1335 Pience St
Clermont FL 33752

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DEPARTMENT OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: R. Romas
Address: 1335 Pience St. #404
Clermont FL 33752

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

R. Romas

Required Signature/Registered Agent

7-21/017

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.

R. Romas

Required Signature/Incorporator

7-21/017

Date