4/2/2018

Division of Corporations

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Account Name : AYZA CASTINEIRA Account Number : I20150000122 Phone : (786)218-4201 Fax Number : (305)824-8858

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FLORIDA PROFIT/NON PROFIT CORPORATION **RAMOS TOWING INC**

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April 4, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AYZA CASTINBIRA

SUBJECT: RAMOS TOWING INC

REF: W18000032233

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abb revisions/

Please return your document, along with a copy of this letter; within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

FAX Aud. #: H18000104304 Letter Number: 618A00006828

COVER LETTER

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

SUBJECT: RA	RAMOS TOWING INC				
	(PROPOSED CORPORA	te name – <u>Must inçl</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.0 Filing Fe	50 \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	RAMOS TOWING INC	(Printed or typed)			
	1273 W 51 ST PL	(Tranca of Typea)			
-		ddress			
	HIALEAH, FL 33012				
-	City, State & Zip				
	786-253 -99 71				
-	Daytime Telephone number				
e	eleydenalberto71@gmail.com				
	E-mail address: (to be used	for future annual report no	otification)		

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)

TICLE II - PR	INCIPAL OFFICE		
73 W 51ST PL	Principal street address	Mailing add	dress, if different is:
ALEAH, FL 330	12	SAME	
TICLE III PUI purpose for whi	RPOSE ch the corporation is organized is:	AND ALL LAWFULL BUSINESS	S
		·	
			2018 SE
			APR DREID ANA
ICLE IV SHA	RES of stock is:		(A) (E)
			Fine Contract Contra
			cei,
ICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	S	
ICLE V INIT	TAL OFFICERS AND/OR DIRECTOR tle: GLEYDEN A RAMOS (P)	Name and Title.	
Namo and Ti	rie: GLEYDEN A RAMOS (P)	Name and Title:	
Name and Ti	itle: GLEYDEN A RAMOS (P) 1273 W 51ST PL	Name and Title:	9: <u> </u> STATE
Namo and Ti	rie: GLEYDEN A RAMOS (P)	Name and Title:Address:	9: 14 LORHIA
Namo and Ti	itle: GLEYDEN A RAMOS (P) 1273 W 51ST PL	Name and Title:Address:	9: 14 STATE
Name and Ti	tie: GLEYDEN A RAMOS (P) 1273 W 51ST PL HIALEAH, FL 33012	Name and Title:Address:	9: 14 STATE GRIEA
Name and Ti	tle: GLEYDEN A RAMOS (P) 1273 W 51ST PL HIALEAH, FL 33012	Name and Title: Address: Name and Title:	9: 14 STATE GRIEA
Name and Ti	tle: GLEYDEN A RAMOS (P) 1273 W 51ST PL HIALEAH, FL 33012	Name and Title:Address:	9: 14 STATE GRIEA
Name and Ti	tle: GLEYDEN A RAMOS (P) 1273 W 51ST PL HIALEAH, FL 33012	Name and Title: Address: Name and Title:	9: 14 STATE GRIEA
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Name and Title Address Name and Title Address	tle: GLEYDEN A RAMOS (P) 1273 W 51ST PL HIALEAH, FL 33012	Name and Title: Address: Name and Title: Address: Name and Title:	9: 14 GRIIIA

Name and Title:		Name and Title:	
		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acx	ceptable) of the registered agent is:	
Name:	GLEYDEN A RAMOS	. , , ottograma ugoditid.	
Address:	1273 W 51 ST PL		
	HIALEAH, FL 33012		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	GLEYDEN A RAMOS		
Address:	1273 W 51 ST PL		
	HIALEAH, FL 33012		
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific as	. (OPTIONAL) ad cannot be more than five days prior or 90 days after the	
Note: If the date the document's e	e inserted in this block does not meet the ap effective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed as records.	
Having been nat this certificate, I	med as registered agent to accept service of am familiar with and accept the appointment	f process for the above stated corporation at the place designated in ant as registered agent and agree to act in this capacity	
	017	04/02/2018	
	Required Signature/Registered Ag	Date	
i submit this doc document to the i	rument and affirm that the facts stated her Department of Sigte constitutes a third degr	rein are true. I am aware that the false information submitted in a ree felony as provided for in 2.817.155, F.S.	
Dagui	C/ /Y	04/02/2018	
redui	red Signature/Incorporator	Date	