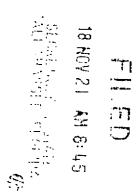
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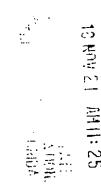
(F	Requestor's Name)			
(/	Address)			
(A	Address)			
((City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
<u> </u>	Business Entity Name)			
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BRAMFAM, INC

TYPE OF FILING: ARTICLES

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COVER LETTER

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

SUBJECT: <u> </u>	RAMFAM INC. (PROPOSED CORPORA	TE NAME MUST INCL	<u>ide suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	BRANTY JULIETTE HAYNES Nam	e (Printed or typed)	- ··
-	500 KNIGHTS RUN AVE. U	NIT 914	
	TAMPA, FLORIDA 33602	. State & Zip	
	(239)919-225 Daytime	8 Telephone number	
	LUISNESTORBIZ@GMAI E-mail address: (to be us	L.COM ed for future annual repor	t 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)

<u>ARTICLE I NAME</u>					
The name of the corporation	shall be: BRAMF	AM INC			
ARTICLE II PRINCIPA				and the second s	
	ncipal <u>street</u> address			Mailing address, if different is:	
500 KNIGHTS RUN	AVE., UNIT 914	-			
TAMPA, FLORIDA 3	3602			N/A	<u> </u>
<u> </u>				• •	
ARTICLE III PURPOSE	•				
The purpose for which the o	corporation is organized is:	CONDUCT E	<u>Business</u>	IN FLORIDA AND THE M	ΨIN
DUCTHUCC ACTUUT	יע דכ וויינון אחרות אוויינון	' ፐ ፐ ሰ እ '			
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ARTICLE IV SHARES					至河
The number of shares of ste					9 O
					בר בר
ARTICLE V. INITIAL	OFFICERS AND/OR DIE	RECTORS			
			•••	Same properties	
Name and Title:	BRAMTY_JULIETTE.	HAYNES	ı	ine:PRESIDENT	
Address	500 KNIGHTS RUN	AVE.	Address:		-
	#914				
	-	· -		- •	
	TAMPA, FLORIDA 3	3602			
Name and Title:	LUIS N. ESPINA I	OPEZ	.1	ide: VICE/PRES/SECRET	<u> ARY</u>
Address	500 KNIGHTS RUN	AYE	Address:		
	#914				
	 ተለመይል ይ፤ በሀገብ አ	13602			
	TAMPA, FLORIDA	1002			
Name and Title:			Name and	Fitle:	
Address	··· —— ·- —		Address:		
Adoress					
			•		

Name and	Fitle,	Name and Title:	
Address		Address:	
			<u> </u>
ARTICLE VI K	<u>EGISTERED AGENT</u> rida street address (P.O. Box NO T ac	ceptable) of the registered agent is:	
Name:	Registered Agents Inc	• =====================================	
Address:	3030 N. ROCKY_POINT_DE	L#150A.	
	TAMPA, FLORIDA 33607	- -	
	TEL: (850)807-4500		
ARTICLE VII	<u>NCORPORATOR</u>		
The mame and ad	dress of the Incorporator is:		
Name:	AZY_ARSHADI/AG_ACCOUN	TING & TAX SERVICES LLP	
Address:	15315 MAGNOLIA BLVD.	4428	5.5
	SHERMAN QAKS, CA 9140	3	
ARTICLENIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing: $11-1$ ate is listed, the date must be specifi	d=2018 (OPTION) c and cannot be more than five day.	AL) s prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the feetive date on the Department of Sta	te applicable statutory filing requirements records.	ents, this date will not be listed as
Having been na this certificate, I	ned as registered agent to accept serv am familiar with and accept the appoi	ice of process for the above stated con intment as registered agent and agree	poration at the place designated in to act in this capacity
J	Bel Have		11-14-2018
	Required Signature/Register	ed Agent	Date
I submit this do	cument and affirm that the facts state Department of State constitutes a third	d herein are true. I am aware that the I degree felony as provided for in s.8 f	he false information submitted in a 7.155, F.S.
	icul Sianati Vilusiananian		11-14-2018 Date
A SECUL	iced-Signatth ellneorporator		\$90 - AM A W