

9/7/2021

Division of Corporations

P21000079683

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON-PROFIT CORPORATION
RAS-MED INC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: RAS-RED INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19390 SW 129 Ave, Miami,
FL 33177**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Roger Alvarez Sob (P) Name and Title: _____Address: 19390 SW 129 Ave, Address: _____
Miami, FL 33177

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roger Alvarez Soto
Address: 19390 SW 124 Ave.
Miami, FL 33177

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Roger Alvarez Soto
Address: 19390 SW 124 Ave.
Miami, FL 33177

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 9/1/2021 (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

[Signature]
Required Signature/Registered Agent

9/1/2021
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.

[Signature]
Required Signature/Incorporator

9/1/2021
Date